

Jefferson County Adult Drug Court

Process Evaluation



July 1993-December 1999

Jefferson County Adult Drug Court Program Process Evaluation

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Executive Summary

The purpose of this report is to provide the result of a process evaluation of the Jefferson County Adult Drug Court Program. This process evaluation included interviews and surveys with 50 different individuals representing 10 different agency perspectives who provided information about the Jefferson County Drug Court Program for this report. The data for this report is for the period from July 28, 1993 to December 1999.

Overview of the Program. Due to rising crime, the Jefferson County Adult Drug Court Program began in July of 1993 as an alternative to traditional incarceration of drug offenders. The Jefferson County Drug Court Program was the first Drug Court in the state of Kentucky and was modeled after the Miami/Dade County Drug Court program, the first Drug Court program in the nation. The Jefferson County Drug Court Program has two primary program goals: to reduce recidivism and to reduce drug use among clients.

The Jefferson County Drug Court Program is grounded in the Key Components described in the 1997 publication *Defining Drug Courts: The Key Components*. More specifically, the Drug Court program is a court-managed drug intervention and treatment program designed to provide a cost-effective alternative to traditional criminal case processing.

In the Jefferson County Drug Court Program, defendants are accepted into the program either through diversion or probation tracks. Clients spend an average of 18 months in the program, with some clients completing the program in 12 months and others remaining in the program for several years. Drug Court clients go through three phases in order to graduate from the Drug Court program. The first phase lasts a minimum of 12 days. Phase II lasts a minimum of 108 days, and Phase III lasts a minimum of 8 months. If an individual is on the diversion track and successfully completes the Drug Court program, the Drug Court Judge will set the client's guilty plea aside and their charge may be expunged from their record. When individuals in the probation track successfully complete the program, the Drug Court Judge may conditionally discharge the remainder of their probationary time.

Graduation. The average time spent in the program before graduation is eighteen months. Clients are eligible to graduate from the Drug Court program after they have passed through all three phases, have lived in stable living conditions for a minimum of 90 days, have had employment for a minimum of 90 days, and have had clean urine screens for six months. For the past several years, graduations have occurred on a quarterly basis. As of December 1999, there have been 36 Jefferson County Drug Court Program graduations and 166 graduates.

Drug Court Judge. Judge Henry Weber initiated the Drug Court program in Jefferson County and has worked with the program since the inception. Judge Weber has 16 years of experience on the bench and is nationally recognized as a leader in Drug Court programs across the nation. Judge Weber has also been a trainer at state and National Drug Court conferences and trainings, and received a Red Ribbon award from the AWARE Coalition in October of 1996. The Jefferson County Drug Court is a model Drug Court for the State of Kentucky and was chosen as one of only a few Drug Courts in the nation as a National COPS Mentor Drug Court site.

Drug Court Staff. The program employs a program administrator, who has also been with the program since its inception, and eight staff members with the primary responsibility of counseling. All of the Drug Court counselors have over 10 years of experience in the substance abuse treatment field.

Drug Court Clients. Currently, there are 160 active Drug Court clients who are 49% African American and 35% white. Also, clients are an average age of 35 with ages ranging from 18-52 years old. Current clients were arrested an average of three times in the five years prior to their entrance to Drug Court and an average of four times in their lifetimes. Current clients also have spent an average of three and a half months incarcerated in their lifetimes.

Treatment. A major focus of the Drug Court program is the substance abuse treatment. Clients undergo an intensive one to two years of treatment groups and Alcoholics Anonymous or Narcotics Anonymous meetings. The number of treatment groups which clients are required to attend highlights the emphasis of the program on substance abuse treatment. The majority of counseling is done on-site by program staff, with the exception of referrals to treatment agencies for more intensive treatment or the Alcoholics Anonymous or Narcotics Anonymous meetings which are held at various locations throughout Jefferson County. On-site treatment provides a more cost effective way to address the treatment needs of the individual clients.

Strengths. Respondents were asked to list the strengths of the Jefferson County Drug Court Program. Some of the strengths mentioned included: (1) The emphasis of the program on drug abuse treatment, (2) The continuous court monitoring of participants, (3) The vocational training for clients, (4) The money that Drug Court saves the state and community in criminal justice expenditures, (5) The community coordination and problems solving the Drug Court program employs, and (6) The Drug Court program helps keep families together.

Recommendations and Suggested Improvements. Several recommendations based on the responses from individuals surveyed were generated and include: improved communication between management and staff is needed, more stable program rules are needed, an increase in staff job satisfaction and morale are needed, changes in client treatment programming are needed, changes in the Drug Court operating system are needed, additional services for clients are needed, expansion of the program's client base is needed, and increased community awareness of the Drug Court program is needed.

Program Changes. The Jefferson County Drug Court Program has undergone a number of administrative changes since its inception. Originally the Jefferson County Drug Court was administered by the Louisville/Jefferson County Health Department. Since 1996 however, the Jefferson County Attorney's Office has been charged with the administrative responsibilities of overseeing the Jefferson County Drug Court Program. In January 1999, Irv Maze was elected to the Office of Jefferson County Attorney (JCAO), formerly held by Mike Conliffe. Jefferson County Attorney Irv Maze moved the complete operations of the Jefferson County Drug Court Program from West Madison to its current location in the Legal Arts Building in June 1999. Furthermore, in response to the first draft of this report, which was released in April, 2000, a number of other changes have been implemented in the Jefferson County Drug Court Program.

Advice to New Drug Court Programs. Advice to new Drug Court programs from respondents include: (1) All the key players need to be dedicated to the program, (2) Understand that 100% of the clients will not succeed, (3) Develop a philosophy of operation that is consistent with the *Key Components*, the needs of the community, and the key players on the team, (4) Develop a strong relationship between the court and the treatment professionals, (5) Strictly and consistently enforce rules, (6) Ensure community awareness of the Drug Court program concept, and (7) Learn from other established Drug Court programs.

Summary. In summary, the Jefferson County Drug Court Program was established nearly seven years ago. This program is based on the *Key Components* and has three program phases that take clients approximately 18 months to complete. As of December 1999, there were 160 active clients and 166 graduates.

The most compelling aspect of the Drug Court program is the interaction of the judicial community and the treatment community. This aspect is highlighted by the immediate sanctions that are used when program rules are violated. The sanctions serve both as a motivator as well as promoting consequences for behavior. The Judge truly believes in the program and believes that the program is an opportunity to make a difference in the community.

In conclusion, the Jefferson County Drug Court Program was one of the first in the nation, has an enthusiastic, dedicated, and nationally renowned Judge, and has been serving clients for nearly seven years. The program also has great support from community leaders. With the implementation of the recommendations, this program should continue to grow and make a real difference in the lives of its clients. Further, since the release of this report draft, a number of critical and suggested changes have been made to the Jefferson County Drug Court Program under the current administration of Jefferson County Attorney Irv Maze.

Program Description and Background

In July of 1993, the Jefferson County Drug Court Program became the first Drug Court program in the State of Kentucky. The Drug Court program is designed to work with drug-related offenders in Jefferson County and is an alternative to incarceration. Due to rising crime in Kentucky and in Jefferson County, key individuals in Jefferson County believed a Drug Court program would greatly benefit the county.

The Jefferson County Drug Court Program was modeled after the Miami (Dade County) Drug Court. Founded in 1989, the Miami (Dade County) Drug Court was the first Drug Court established in the United States and was one of the few Drug Courts operating in 1993. The Miami Drug Court program “expands on the traditional concept of diversion to provide a year or more of treatment and case management services that include counseling, acupuncture, fellowship meetings, education courses, and vocational services along with strict monitoring through periodic urine tests and court appearances.”¹

The Jefferson County Drug Court Program serves clients who have court cases in Jefferson County, the largest and most densely populated county in the state². According to the 1990 census, Jefferson County was 96.6% urban³. The estimated county population for 1998 was 672,104⁴. There are more than ninety incorporated cities in the county, the largest of which is Louisville. In 1990, the population of Louisville was 269,063⁵. During Fiscal Year 1998, the number of drug arrests in Jefferson County was 2,763⁶.

The purpose of this report is to provide the result of a process evaluation of the Jefferson County Drug Court Program. This process evaluation included interviews and surveys with 50 different individuals representing 10 different agency perspectives who provided information about the Jefferson County Drug Court Program for this report (see Appendix A for process evaluation methodology). The data for this report is for the period from July 28, 1993 to December 1999.

The program screened potential clients in early 1993, and the first court appearance and the start of group sessions were on July 28, 1993. Clients currently meet with counselors and attend group sessions at the Drug Court Office, located at 200 South Seventh Street, Suite 102, Louisville, Kentucky 40202. One Judge works with the Jefferson County Drug Court Program. Judge Henry Weber has overseen the Drug Court program since its inception.

¹ Peter Finn and Andrea K. Newlyn. “Dade County Diverts Drug Defendants to Court-Run Rehabilitation Program.” National Institute of Justice, U.S. Department of Justice: Program Focus.

²<http://www.uky.edu/KentuckyAtlas/21111.html>

³ <http://www.lrc.state.ky.us/other/econ/counties/JEFFERSO/censoc.txt>

⁴ <http://www.louisville.edu/~easchn01/kentucky/kypop1.html>

⁵ <http://www.uky.edu/KentuckyAtlas/ky-louisville.html>

⁶ Count of Drug and Non-Drug Offense Charges by County for Fiscal Year 1998. Research and Statistics Department of the Administrative Office of the Courts.

The Jefferson County Drug Court Program is grounded in the Key Components described in the 1997 publication *Defining Drug Courts: The Key Components*.⁷ In order to ensure the primary goals are met, the Drug Courts Standards Committee developed key components for all Drug Court programs (see Table 1 for a list of the Key Components). The overall mission of Drug Courts is to stop the abuse of alcohol and other drugs and related criminal activity. In exchange for successful completion of the treatment program, the court may dismiss the original charge, reduce or set aside a sentence, offer some lesser penalty, or offer a combination of these. Drug Courts transform the roles of both criminal justice practitioners and Alcohol and Other Drug (AOD) treatment providers. The Judge is the central figure in a team effort that focuses on sobriety and accountability as primary goals.

Table 1. Key Components

1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Drug Court responses to participants' compliance.
7. Ongoing judicial interaction with each Drug Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.

Awards and Honors. The Jefferson County Drug Court Program and Judge Weber have received awards and honors, including an award for the Drug Court program and an award for the Drug Court Judge. The Drug Court program received a National Association of Counties community award in 1995, and Judge Weber received a Red Ribbon award from the AWARE Coalition in October of 1996. Judge Weber is also a Drug Court trainer on a state and national level. During 1999, Judge Weber participated in five national Drug Court trainings. He also visited four Drug Courts as a consultant and one Drug Court team came to the Jefferson County Drug Court Program to learn how the Jefferson County Drug Court Program is run.

⁷*Defining Drug Courts: The Key Components* (January, 1997). U.S. Department of Justice, Office of Justice Programs, Drug Courts Programs Office.

The Jefferson County Drug Court is a model Drug Court for the State of Kentucky and was chosen as one of only a few Drug Courts in the nation as a National COPS Mentor Drug Court site. Every two years The National Association of Drug Court Professionals (NADCP) selects new Drug Courts and community-based court sites on a national basis. The Mentor Court Site must meet specific criteria including: (1) the program must have been operational for at least one year; (2) the program must have innovative linkages with law enforcement agencies; (3) the site must have implemented the program in accordance with *Defining Drug Courts: The Key Components*; (4) the site must fit the geographic, site must be willing to host visiting jurisdictions and training at their site and assist jurisdictions in their region, in cooperation with the Office of

Program Goals

The Jefferson County Drug Court Program has two primary program goals: to reduce felony recidivism and to reduce drug use among clients. The first goal is to reduce felony recidivism within the court system. An evaluation of the Jefferson County Drug Court Program, which measured whether the goal of reduced recidivism is being achieved, was completed in 1998. This report⁸ demonstrated that only 13.2 percent of Drug Court program graduates had been reconvicted of another felony over a one-year maximum follow-up period. The program administrator also informally reviews Drug Court statistics. However, no formal review of recidivism rates is done on a regular basis. The second goal of the Jefferson County Drug Court Program is to reduce drug use among clients. Although this goal is much more difficult to measure than the first, the Jefferson County program administrator relies on the graduation rates of the clients to determine whether the second goal is being attained. Other major goals of the Jefferson County Drug Court Program include increasing the safety of the community and improving the quality of clients' lives.

For Fiscal Year 2001, more structured measures of goal achievement are planned. The following table details the planned measures for goal achievement for the program's major goals.

Table 2. Program Goals and Planned Measures

Program Goals	Planned Measures for Goals Achievement
1. Promote abstinence	Drug free babies; improvement in clean urine screens; number of meetings attended (AA/NA, treatment groups)
2. Decrease felony recidivism and promote community safety	# felony re-arrests while in the program and after graduation (tracked with CourtNet, a daily jail list, and arraignments are monitored daily)
3. Increase quality of clients' lives	Education level of clients; employment; gaining/keeping custody of children; Child support payment

⁸ Gennaro F. Vito and Richard A. Tewksbury. "Jefferson County Drug Court Program: Impact Evaluation, 1997." January 1998. 17.

It should be noted that for the goal of promoting abstinence, the Jefferson County Drug Court Program does not expect clients to enter the program and immediately begin having clean urine screens. Rather, clients who enter the program have substance abuse problems and the first phase of the program deals with detox. Relapses are to be expected. However, as a client goes through the program, the expectation is that there will be an increase in clean urine screens.

Client Goals. The following overall goals for clients are found in the Program Handbook. (See Appendix B for a copy of the client handbook) Clients are given a Program Handbook at entry and the rules of the program and counselors explain their goals to them.

Table 3. Client Goals

1. You will be able to use treatment as a means of changing lifestyle patterns.
2. We will identify your specific needs and help teach you better coping mechanisms.
3. We will promote your adjustment to a drug-free lifestyle.
4. We will work to encourage a non-criminal pattern of living.
5. We will help you develop employment skills through vocational training and educational pursuits.
6. We will help foster your involvement in support groups (NA and AA).
7. We will work to increase your social skills.
8. We will work to enhance your self-motivation.
9. We will teach the warning signs of relapse and relapse prevention planning.

Recruitment and Screening

Clients can enter the Drug Court program in one of three ways: (1) As a condition of the client's probation (2) If their probation is revoked and they are sentenced to Drug Court rather than to be incarcerated, or (3) As a diversion client. Potential clients may choose not to enter the Drug Court program; however, the program is often presented to the client as a more favorable alternative to incarceration. For probation clients, Judges will often set compliance with Drug Court rules and graduation from Drug Court as a term of the client's probation. Diversion clients may have their charge dropped if they graduate from the Jefferson County Drug Court Program.

Potential clients find out about the Drug Court program in several different ways. Brochures inviting arrestees/defendants to apply are available at the courthouse. Defense council and prosecutors also inform potential clients about the Drug Court program.

Two kinds of eligibility screening are done for potential Drug Court clients. The first is done within the court system to determine legal eligibility for the Drug Court program. The second phase of eligibility screening involves a Drug Court screening and assessment.

The first phase of the eligibility screening, the legal screening, involves two steps. The first step in the legal screening is a records check conducted through the County Attorney's Office of previous in-state charges to ensure that the potential client does not have any past violent felony convictions. For potential diversion clients, the second step to the legal screening involves a conference in district court with the District Court Judge, the prosecutor, the defense attorney, and the arresting officer. The prosecutor makes sure that the case is either a possession of cocaine or a non-trafficking case, which are the type of cases that prosecutors will refer to Drug Court. If the arresting officer has no legitimate objections to a client entering Drug Court, the client will then be referred to the program. For potential probation clients, the second step of the legal screening also involves referrals that are done on a case-by-case basis. The prosecutor, defense attorney, or Circuit Judge may recommend the case to the Drug Court program.

For the second phase of the eligibility screening, a Judge will refer a potential client to a Drug Court screening with a Drug Court counselor. The second eligibility screening is usually done within a week after the Judge refers a potential client to the Drug Court program. At this screening, a potential client will sign release forms for their legal information to be available to the Drug Court staff. The screening consists of a drug and alcohol history and is a part of the Psycho-Social assessment that is completed after a client enters the program. The drug and alcohol screening is used to determine whether the potential client meets the criteria as a substance abuser. "The maladaptive pattern of use is indicated by either (1) continued use of the psychoactive substance despite knowledge of having a persistent or recurrent social, occupational, psychological, or physical problem that is caused or exacerbated by use of the substance or (2) recurrent use of the substance in situation when use is physically hazardous."⁹

The Jefferson County Drug Court Program has several inclusionary and exclusionary criteria. Clients must meet the criteria as substance abusers determined during the pre-entrance drug and alcohol history screening. Clients cannot have had a violent felony charge. Also, potential clients with an untreated mental illness will not be accepted into the program. Clients who are drug traffickers but do not meet the criteria for substance abusers will not be accepted into the program. However, traffickers who are determined to be substance abusers, and who traffic to support their habit, may be accepted into the Jefferson County Drug Court Program on a case-by-case basis.

⁹ DSM III-R. p. 169

Changes to the Program. The Jefferson County Drug Court Program has undergone a number of administrative changes since its inception. Originally the Jefferson County Drug Court was administered by the Louisville/Jefferson County Health Department. Since 1996 however, the Jefferson County Attorney's Office has been charged with the administrative responsibilities of overseeing the Jefferson County Drug Court Program. In January 1999, Irv Maze was elected to the Office of Jefferson County Attorney (JCAO), formerly held by Mike Conliffe. Jefferson County Attorney Irv Maze moved the complete operations of the Jefferson Drug Program from West Madison to its current location in the Legal Arts Building in June 1999. In addition, since the Jefferson County Drug Court Program began in 1993, the recruitment criteria have expanded. When the program began it was limited to clients in District Court. Furthermore, in response to the first draft of this report, which was released in April, 2000, a number of other changes have been implemented in the Jefferson County Drug Court Program. These changes are outlined in the Addendum to the Draft section of this report.

Capacity

Once clients have met all the inclusionary and exclusionary criteria, they are equally acceptable and enter the program on a “first come, first served” basis. The Jefferson County Drug Court Program currently has an approximate limit of 250 clients in the program at one time. This number is approximate because it depends on the number of clients in each phase. If more clients were already in Phase I, which requires more contact with the counselors than Phase II or III, the number of cases that counselors would be able to handle would be decreased. If an additional group is needed, the Drug Court will start another group. Only once in the history of the Jefferson County Drug Court Program has the program had a waiting list for clients.

If there is a waiting list to enter the program, clients on the list will be placed on an abbreviated program. These clients will attend Drug Court sessions, but they will not go to counseling sessions until space is available in the counseling sessions.

Timing: The planned time in the program for a typical participant is between twelve and eighteen months. Clients must spend at least one year in the program. There is no maximum time in which clients must finish the program.

Program Overview

Program Philosophy. In the Jefferson Drug Court the belief that recovery involves global changes in identity, behavior and lifestyle is extremely important. Right living, including self-reliance and positive social and work-related attitudes, is also crucial to the recovery from substance abuse.

Extremely important aspects of the treatment approach and structure include: (1) An emphasis on structure, including a full program of mandatory daily activities and meetings, rules for behavior, and clear consequences for breaking these rules; (2) A treatment approach that centers on a member's participation in the community; (3) Staff members who function as members of the community who reinforce community values, confront breaches in accepted behavior, and serve as role models for others; and (4) Clients, particularly senior clients, who function as members of a community, sharing responsibility for maintenance and health of the community values, and serving as role models for others.

Other extremely important aspects of the Jefferson County Drug Court Program include: (1) The roles of mutual help among peers, enhancement of community belonging, and community/clinical management for privileges, sanctions, and surveillance; (2) Therapeutic educational elements and general therapeutic techniques and counseling techniques; and (3) The three stages of treatment. Very important aspects of the Jefferson County Drug Court Program include: (1) Encouraging good health practices, including regular physical examinations, health education, and AIDS prevention training; (2) Formal educational elements; (3) Employment as therapy; (4) Groups as therapeutic agents; and (5) The introductory period of the program.

Entrance and Orientation. During the first week after a client enters the Jefferson County Drug Court Program, he/she will attend group sessions, court sessions, and give urine specimens at a selected drop site. Clients will then be assessed. The Jefferson County Drug Court Program uses a Psycho-Social assessment with all its clients (See Appendix C for a copy of the Psycho-Social instrument). Drug Court counselors use this assessment, in conjunction with the drug and alcohol history screening completed to determine client eligibility, to determine the risks and needs of each client.

There is no formal orientation session for clients. However, program rules are explained as each client is screened. Throughout the program there is continuing education for clients about the Drug Court rules and requirements. The initial orientation toward clients emphasizes development of trust, self-confidence and understanding.

Program Documentation. Each client receives a copy of the program handbook. This handbook describes the program, the costs related to the program, participant rules, participant's rights, confidentiality of alcohol and drug abuse records, treatment procedures such as acupuncture, treatment plans, individual counseling, group therapy, chemical dependency education, and support groups such as Alcoholics Anonymous or Narcotics Anonymous (AA/NA), the treatment phases, the educational component, vocational rehabilitation, prescription and over-the counter medication, counseling hours, discharge criteria, graduation, and medical and psychiatric emergencies after program hours. Other program documentation includes release forms that clients sign at their screening (See Appendix F for examples of client release forms).

Individual Program Plans. Each client receives at least one individual program plan. The individualized program plans (IPP) outline specific responsibilities and goals with timetables. Every client receives an individual program plan for his/her substance use problem. Other plans might focus on legal problems, employment or schooling needs, or on the treatment of any mental disorder a client might have. Other parts of the Jefferson County Drug Court Program are more individualized, depending upon client need. For example, some clients will be sent to halfway houses and others will be referred to employment counseling as needed.

Plans are updated as needed. Clients have some input into their individualized program plans. Staff members other than the client's primary counselor may also have input into the IPP's. Case reviews and client treatment are discussed at clinical case reviews, staff meetings, and with the Judge, which are each held once a week.

Phases. There are three phases in the Jefferson Drug Court. Clients must progress through each of the phases before they can graduate from the Drug Court program. As clients move through the phases, the number of group and court sessions they must attend decreases, as does the number of urine drops. Clients are required to attend their scheduled group sessions and are not permitted to miss sessions because of work or other reasons. Each phase has a minimum amount of time that a client is required to be in it. However, clients may remain in the Drug Court program indefinitely and are not required to complete any phase in an allotted amount of time.

Phase I is the detoxification phase and can be completed in a minimum of 12 days. During Phase I, clients are required to attend five one-hour group sessions per week. Clients are also required to attend five Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) sessions per week, and submit at least two urine drops per week. In order to complete Phase I, a client must have completed twelve acupuncture or meditation sessions (when available), have attended all assigned individual and group therapy sessions, have attended all required self-help (AA/NA) meetings, and have had at least four negative urine screens.

Phase II can be completed in a minimum of 108 days. During Phase II, clients are required to attend three one-hour group sessions per week, four AA/NA meetings per week, and to submit two urine screens per week. In order to complete Phase II, clients must have been clean on urine screen for 90 consecutive days, be current on payment of any fees, have attended all required AA/NA meetings each week, have made significant progress toward treatment goals, and have attended all assigned individual and group sessions.

Phase III is the continuing care, or relapse, phase and can be completed in a minimum of eight months. During Phase III, clients attend one one-hour group counseling session per week, three AA/NA sessions per week and submit one randomly scheduled urine drop per week. In order to complete Phase III, clients must remain drug free, as indicated by urine drug screens, and must secure and maintain a job or be engaged in full-time parenting or school.

Table 4. Phase Requirements

Phase I—Detoxification	Phase II	Phase III -- Aftercare
Minimum Time: 12 days	Minimum Time: 108 days	Minimum Time: 8 months
Phase Requirements		
<ul style="list-style-type: none"> ◆ Attend 1 Drug Court session per week ◆ Attend 5 one-hour group sessions per week ◆ Attend 5 AA/NA sessions per week ◆ Submit at least 2 urine drops each week 	<ul style="list-style-type: none"> ◆ Attend 1 Drug Court session every two weeks ◆ Attend 3 one-hour group sessions per week ◆ Attend 4 AA/NA meetings per week ◆ Submit 2 urine screens per week 	<ul style="list-style-type: none"> ◆ Attend 1 Drug Court session every three weeks ◆ Attend 1 one-hour group counseling session per week ◆ Attend 3 AA/NA sessions per week ◆ Submit 1 urine screen per week
Phase Promotion Requirements		
<ul style="list-style-type: none"> ◆ Have completed 12 acupuncture or meditation sessions (when available) ◆ Have attended all assigned individual and group therapy sessions ◆ Have attended all required AA/NA meetings ◆ Have at least 4 negative urine screens 	<ul style="list-style-type: none"> ◆ Have attended all required AA/NA meetings ◆ Have attended all assigned individual and group sessions ◆ Have been clean on urine screens for 90 consecutive days ◆ Have made significant progress toward treatment goals 	<ul style="list-style-type: none"> ◆ Remain drug-free ◆ Secure and maintain a job or be engaged in full-time parenting or school

Drug Court Sessions. Once clients are accepted into the program, they attend Drug Court sessions on a separate calendar from general court sessions. The Jefferson County Drug Court Program holds Drug Court sessions on Mondays and Tuesdays. During Drug Court sessions, the Judge will first speak with those clients who are working and have a written schedule and note from their employer. After the Judge finishes speaking with these clients, they will be allowed to leave and return to work. Those clients who are being admitted to the program are seen last on the Drug Court docket.

Payments. Drug Court participants are required to pay ten dollars per week to the Drug Court program. Drug Court staff monitor the ten dollar payments through an accounting system. Clients are each assigned to a specific grant and their money reduces the amount of money that is paid on each grant. Clients are also required to pay any sort of restitution, medical fees, child support, or legal aid fees. However, the Jefferson Drug Court does not monitor fees that are paid to agencies outside of the Drug Court. Many clients have probation officers, and the probation officers monitor payments made to agencies outside of Drug Court.

Program Rules. Participants must abide by a certain set of rules while in the Jefferson County Drug Court Program. These rules include:

1. Participants will need to wear a shirt or blouse, pants (or shorts of reasonable length), and shoes. Sunglasses will not be worn inside the facility unless medically approved by staff. Clothing bearing drug or alcohol-related themes, or promoting or advertising alcohol or drug use is not allowed. No gang colors or clothing is to be worn in the facility.
2. Clients are expected to attend all groups, educational sessions, activities and individual sessions; arrive on time and not leave until a break occurs or the meeting is over. Participants who are late will not be allowed to attend and will be considered non-compliant.
3. The following actions will not be tolerated and participants who violate will be asked to leave the facility:
 - a. No violence or threats of any kind will be tolerated.
 - b. Coming to the facility under the influence of any drug or alcohol.
 - c. Bringing alcohol, drugs, weapons, etc. into the facility or onto the facility grounds.
 - d. Participants displaying intoxicated or addicted behavior may be asked to leave group or facility.
4. Inappropriate sexual behavior or harassment will not be tolerated.
5. Attendance at self-help recovery groups is expected and non-compliance will be documented.
6. Participants should not loiter in or around facility at any time and should be in session or group of some fashion while on the grounds unless on a break.
7. Participants' family or friends should not loiter on premises. If friends or family members are providing transportation, they should simply drop off participant and pick him/her up at the end of the scheduled session.

Although Drug Court sessions and group sessions may require transportation, the Jefferson County Drug Court Program does not provide transportation for the participants. The program also does not provide childcare, however, the program does make referrals to Community Coordinated Child Care, a clearinghouse for people who need child care.

Employment, Education and Housing. Drug Court counselors are primarily concerned with the counseling aspects of Drug Court clients' cases. A client's probation officer may monitor other client issues, such as employment, education, and housing.

However, referrals to various organizations that help with housing, education, and employment issues can be made by counselors and Drug Court staff. Education and employment referrals can be made to Career Resources, which works with clients to assess whether they need further education, does job updates, and helps clients enroll in school or vocational training. The Jefferson Drug Court also makes referrals to an adult education site and has worked with local schools for adult education programs. The local sheriff also comes in to group sessions and talks with clients about jobs and the etiquette needed when applying for a job and in keeping a job. The Jefferson Drug Court staff tries to get clients with housing problems into longer-term treatment or into a shelter. However, if the client refuses to enter treatment or the shelter, he or she will possibly be sanctioned with jail time.

Employment Focus Group Results. Researchers from the Center on Drug and Alcohol Research conducted three focus groups with a total of 35 Jefferson Drug Court clients. These sessions were conducted to determine what the employment issues of Drug Court clients were. Questions were asked about employment issues and suggestions for helping clients with employment.

Clients indicated that the following would be important to their job searches: (1) More practice with interview questions; (2) More knowledge about what to tell potential employers about their criminal history and their involvement with the Drug Court program; (3) More understanding about how to list previous employers appropriately on a job application; (4) More knowledge of the public transportation system; (5) Listings of agencies and people that provide child care services; and (6) Greater understanding of the requirements of Drug Court.

Clients found their last jobs in a number of ways: (1) Through the career resource center, (2) Through friends with businesses, (3) From newspaper ads, (4) Through temporary services, (5) With help from the Drug Court program, and (6) Through workshops to help discover what their skills are and to help finding a job. Some clients were also self-employed. Overall, clients in all three focus groups felt that getting a job after entering the Drug Court was different than getting a job before entering Drug Court. Some clients have had help getting jobs through the Drug Court and advice from the Judge. Many clients found it difficult to work around the Drug Court schedule. Clients stated that scheduling meetings, drops, classes, and work requires a great deal of planning. They also stated that they must let their supervisors know about the Drug Court and their schedules, so it can be accommodated.

Focus group participants discussed what factors contributed most to the job they have held the longest including: (1) Enjoying one's job and good relationships with coworkers; (2) Working convenient hours; (3) Continued learning in the workplace; (4) Having a good attitude and making an effort; and (5) A sense of responsibility to one's family and the money earned.

All three focus group agree that keeping a job for a person in Drug Court requires a great deal of planning to balance the responsibilities of work, classes and meetings. There is more pressure to keep a job in order to pay for necessities and court fees. Some other difficulties in keeping a job have been dealing with the stress, becoming accustomed to getting paid every two weeks, and staying alert in group meetings after working.

Clients suggested that getting a better job would require (1) More training and practice with job interviews and resume writing; (2) More education; (3) More work experience; (4) Increased networking skills; (5) Development of a better work attitude; and (6) Knowledge of companies that hire people with felony charges. Clients also suggested services that the Drug Court program could offer to enable clients to get better jobs, such as on-site classes, help applying for financial aid and grants, more centralized access to information, more education for people in the workplace, and better connections with unemployment services and places that would hire felons.

Physical Health. The Drug Court program does not monitor physical health, but encourages good physical fitness. Clients are encouraged to have a physical exam, but testing for tuberculosis, HIV antibodies, and hepatitis is not required. The Drug Court does not place any emphasis on smoking cessation. The Jefferson County Drug Court Program is not authorized to prescribe medications to Drug Court clients, but will refer clients to outside resources for medications.

Standards. The Jefferson County Drug Court Program is required by State licensing standards to meet treatment standards for intake assessments, psychological evaluations, treatment planning, progress notes, client records, individual, group, and family counseling contact hours, counselor caseloads, and confidentiality.

Client Contact. Clients have contact with a variety of program components on a regular basis during the Drug Court program. In addition, the contact they have with various program components change as they move through program phases. A summary of client contact by program component is presented in the following table.

Table 5. Client Contact Summary

	PHASE I		PHASE II		PHASE III	
	# times	Per	# times	Per	# times	Per
AA/NA	5	week	4	week	3	week
Substance abuse group counseling	5	week	3	week	1	week
Family counseling	Currently not on a regular basis, but planned for future					
Job counselor	Varies					
Drug Court staff	Varies					
Acupuncture	12	Phase	N/A		N/A	
Meditation session	12	Phase	N/A		N/A	
Drug Court Judge	1	week	2-3	Month	1	Month
Probation Officer	Varies					
Drug testing	2	week	2	week	1	week

On average, Drug Court clients meet with Drug Court staff a minimum of five times per week in Phase I, three times per week in Phase II, and once per week in Phase III. Clients also meet with the Drug Court Judge once per week in Phase I, two to three times per month in Phase II, and once per month in Phase III. Finally, clients are required to submit random urine screens twice per week in Phases I and II and once per week in Phase III.

Treatment

The Jefferson County Drug Court Program is similar to an Outpatient Substance Abuse Treatment program. The three phases of treatment parallel the three Drug Court phases. The Jefferson County Drug Court Program places a major emphasis on supportive group therapy, task-oriented and problem-solving group sessions, 12-step programs, cognitive behavioral therapy, and case management. There is also some emphasis placed on confrontational group therapy, family therapy, supportive individual counseling, individual behavioral therapy, and reality therapy. As a step toward fostering positive behavioral changes, the Drug Court program encourages clients to change their previous lifestyles and environment that supported drug-taking and related behaviors and attitudes. There is also an emphasis placed on the development of practical life skills, on improving the client's basic education level, on job preparation, on social functioning, on spiritual growth and spiritual well-being, on improving the client's self-image, self-esteem and self confidence, and on clients' improving their self-insight, self-understanding, and self awareness.

The Jefferson County Drug Court Program provides the majority of its treatment on-site, with the exception of AA and NA meetings, which are conducted at various sites in Jefferson County. Clients may also be referred to a number of treatment facilities in the region for more intensive drug and alcohol treatment or treatment for other issues.

As indicated in the Table below, there are a number of different treatment and program modalities that are integrated and used in the Drug Court program. Table 6 indicates which modalities are available on-site or by referral. In addition, many of the treatment and program modalities are used as needed on an individualized basis. There is rarely a waiting period for Drug Court clients, for the Drug Court staff provides most treatment.

Table 6. Treatment Components

Treatment Component	How Available
Detox	By Referral
Medical treatment (prescription drugs, hormones, etc.)	By Referral
Individualized treatment plans	On-Site
Staged recovery process model	On-Site
Relapse prevention model	On-Site
Substance abuse education	On-Site
AA/NA	By Referral
Acupuncture/Acupressure	Not currently available
Case management	On-Site
Casework	On-Site
Advocacy for obtaining services/benefits for the client	On-Site
Individual Counseling	On-Site
Scheduled group therapy or group counseling	On-Site
Family therapy	On-Site and By Referral
Social skills development training	On-Site
Problem solving skills training	On-Site
Life skills training	On-Site
Parenting classes	By Referral
Cognitive behavioral	On-Site
Training in anger management or aggression	On-Site
Stress management	On-Site
Relaxation methods	On-Site
Thinking errors approach	On-Site
Moral or ethical training	On-Site
Health care	By Referral
Referrals to health care organizations	By Referral
HIV testing	By Referral
TB testing	By Referral
Service for special populations	By Referral
Service for cultural/ethnic groups	On-Site

Services provided for clients at the Jefferson County Drug Court Program include individualized treatment plans, substance abuse education, advocacy for obtaining services or benefits for the client, individual counseling, scheduled group therapy or group counseling, family therapy, social skills development training, problem solving skills training, life skills training, cognitive behavioral therapy, training in anger management or aggression, stress management, relaxation methods, thinking errors approach, moral or ethical training, and services for cultural or ethnic groups. The program also uses a stage recovery process model, a relapse prevention model, case management and casework. Services available by referral include: detoxification, medical treatment, AA/NA meetings, family therapy, parenting classes, health care, referrals to health care organizations, HIV testing, TB testing, and services for special populations.

The Jefferson County Drug Court Program does not have a protocol for detoxification from cocaine. Insurance companies also do not often pay for detoxification from cocaine. If a client needed to go through detox, the Jefferson Drug Court would refer the client to a hospital or Jefferson Alcohol and Drug Abuse Center (JADAC), a local treatment organization that has a licensed medical detoxification facility, or The Healing Place, which has a social detoxification program.

Counseling. All clients attend at least one group session, depending upon what phase they are in, each week. Clients in Phase I attend five group sessions per week; clients in Phase II attend three group sessions per week; and clients in Phase III attend at least one group session per week. Group sessions last approximately one hour in each of the phases.

Counselors introduce topics for the groups to discuss, but the group sessions are typically client driven. In other words, topics discussed in group sessions depend on the needs and the mood of the clients. However, all group sessions deal with education about drugs and other certain basic information about addictions. There is a great deal of focus on the 12 steps in group sessions. Clients are also encouraged to take ownership of their actions. Group sessions during the first phase often deal with detoxification issues. As clients move out of the detoxification stage, different topics are discussed in group sessions. The Drug Court program has two men's group sessions that specifically address men's issues as well as their addictions. There is also a women's group that meets to discuss women's issues. The women's group and one of the men's groups meet without a counselor, which can count toward one of the AA/NA required sessions each week.

Clients may also schedule individual sessions with their counselors. However, individual sessions are often more informal. There is also a great deal of client-counselor interaction outside of group and individual sessions. Unscheduled counseling is provided to clients during regular office hours. Regular office hours are between 7:30 am and 8:30 pm. Emergency counseling after hours is not available through the Drug Court staff.

The Drug Court program does not try to systematically match Drug Court clients with specific counselors according to different characteristics or problems. There is no set process for assigning Drug Court clients to counselors. Once the client enters the program, the program staff determines when the client is available to attend group sessions and which group sessions have openings.

Alcoholics Anonymous/Narcotics Anonymous. Clients are required to attend Alcoholics Anonymous or Narcotics Anonymous each week. In Phase I clients attend five AA/NA sessions per week; in Phase II clients attend four AA/NA sessions per week; and in Phase III at least three AA/NA sessions per week. Clients are encouraged to read the **Big Book** for Alcoholics Anonymous (AA). However, no formal book reports are required. The AA Big Book is used as a part of the client's recovery process. Clients also are required to obtain **sponsors** through AA.

Other Program Components. In addition to each of the treatment components provided by the Jefferson County Drug Court Program, there are several components of the Drug Court program that make the program unique: **General Education Diploma, acupuncture, meditation, Strengthening Families Program.**

At the end of Phase II, clients begin to focus on attaining their **General Education Diplomas** (GED), if they do not already have a diploma or degree.

Acupuncture and **meditation** sessions, when available, are a part of the required program. Clients would regularly attend acupuncture and meditation sessions. These sessions are used as a means to reduce client stress and the agitation that goes along with withdrawal. The sessions are also a means of relaxation and coping. Currently, no acupuncture specialist works with the Drug Court program and sessions are not available.

Some emphasis is placed on family involvement in the treatment of the Drug Court clients. A **Strengthening Families Program** has been planned for the Jefferson County Drug Court Program but has yet to be implemented. The Drug Court program also does some family work with clients and their families. Individual counselors may schedule counseling sessions with the families of clients and discuss issues in their lives.

Referrals and Services. A variety of services are available to clients, either through the program or through a referral. Some of these services are more difficult to obtain than others. Clients are also served at a number of local treatment facilities. Clients who receive treatment at the Jefferson Alcohol and Drug Abuse Center (JADAC) receive in-patient treatment for thirty days. Clients can also receive longer-term in-patient treatment at Volunteers of America Third Step program. Clients may also be referred to the St. Vincent de Paul monitored living shelter.

The Drug Court program provides drug abuse counseling, alcohol abuse counseling, peer/support groups, relapse prevention, and stress management. 12-step programs are also required by the Drug Court program and thus are easily available to clients. Also, legal services, such as representation in a criminal case, assistance with probation/parole, and legal aid, are not difficult for clients to obtain. Sex education and family planning are not difficult to obtain. HIV/AIDS testing and TB testing are not difficult services to obtain. Continuing care/aftercare is offered in Phase III of the Drug Court program. Acupuncture has been used by the Drug Court program in the past, but is not currently available to clients.

It is somewhat difficult for clients to get the following services: physical or dental exams, medical or dental care, glasses or hearing aids, admission to a hospital or clinic, medication, diet or nutritional advice, exercise or physical fitness protocol, prenatal care, postpartum care, pediatric care, and medical detoxification. Child development education is somewhat difficult for Drug Court clients to obtain. Counseling for problems with one's spouse or partner, parenting, childcare, or childrearing, counseling for problems with parents, and death or bereavement counseling are all somewhat difficult for Drug Court clients to obtain.

It is very difficult to find medical or psychological services outside of the Drug Court program if clients do not have insurance. Also, individual or group counseling for mental health reasons, psychological/psychiatric testing or assessment, psychological medication, and self-concept counseling are very difficult to obtain. Emergency or other special purpose funds are very difficult for Drug Court clients to obtain. Additional services, such as weekend outings, wilderness experiences, emergency counseling, CES (Cranial Electro Stimulation), NET (Neuro-Electric Therapy), biofeedback, amino acids, hypnosis, and therapeutic touch are not available.

The program administrator stated that clients have a great need for educational services, vocational services, legal services, and continuing care/aftercare. They also, to some extent, need medical, psychological, financial, and family services. The Drug Court program offers vocational services to clients.

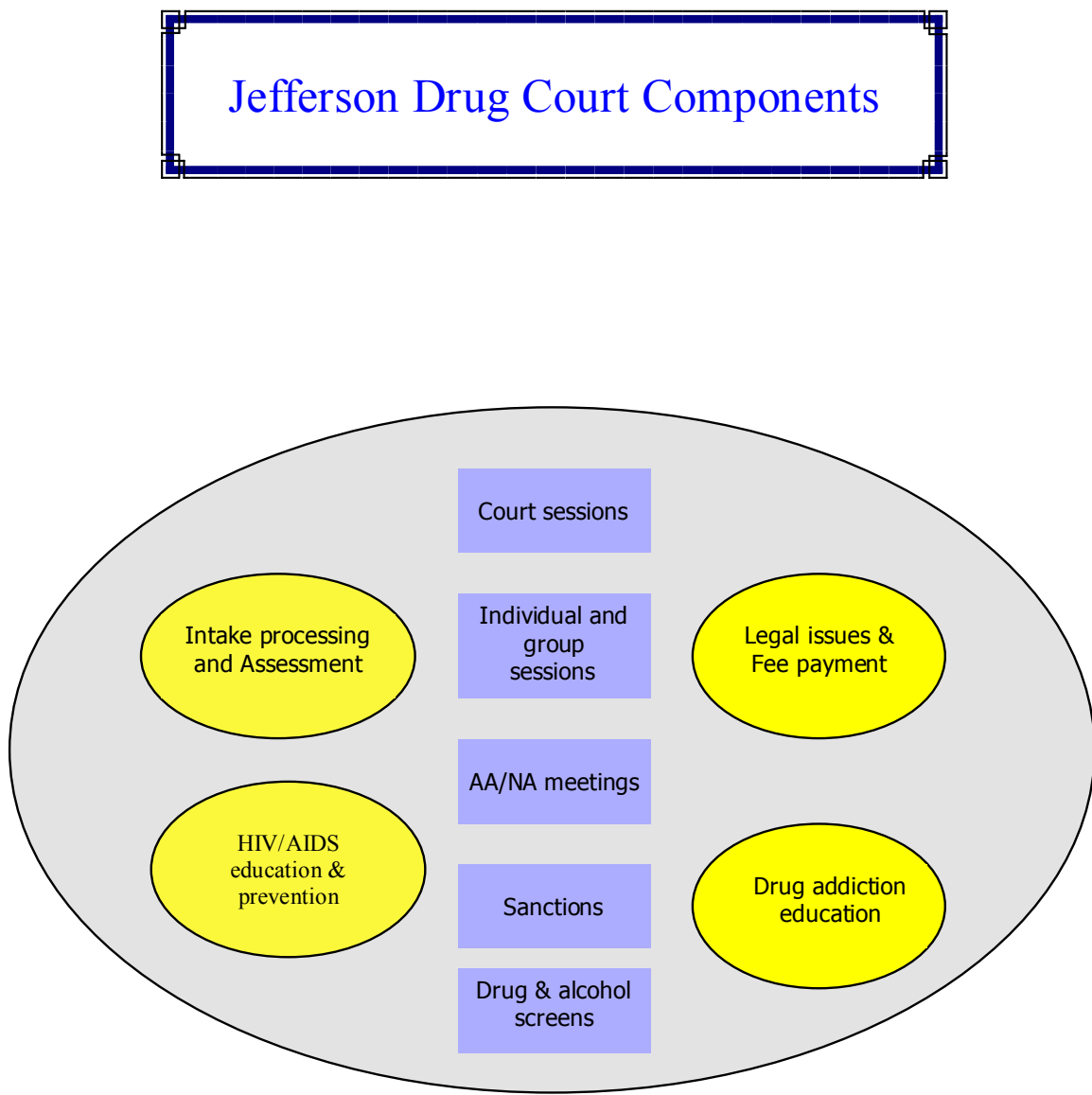
The program administrator rated the working relationships between the Drug Court program and community mental health centers, probation and parole, the Courts, medical personnel or hospitals, and other drug abuse treatment programs as excellent.

Referral Process. Clients are referred for treatment, counseling, or other services, to a variety of other agencies. The client's primary counselor usually initiates the request for referral services. Referrals for services are prompted by the client's need for a service not offered by the Drug Court program. The team of counselors usually reviews the client's case and determines whether a referral would be appropriate. The Drug Court always monitors referrals. The Jefferson County Drug Court Program has informal arrangements with each of the agencies to which the program refers clients.

Clients can receive the following services by referral: detoxification, medical treatment, family therapy, parenting classes, health care, referrals to health care organizations, HIV testing, TB testing, and services for special populations.

Figure 1 shows the main components of the Jefferson County Drug Court Program, including treatment, court sessions, and sanctions.

Figure 1. Jefferson Drug Court Components



Referral Treatment Program Overview

Three treatment programs to which the Jefferson Drug Court refers clients were surveyed for this report. The programs provide secondary or residential treatment for Drug Court program participants. One referral treatment facility is a halfway house and the other two are short-term residential treatment centers. One facility also has a six-month substance abuse program that is a licensed intensive outpatient program for addicted offenders. As of March 2000, the treatment programs were serving a total of four Drug Court clients. The planned amount of time in the treatment programs is four to five weeks. The facilities noted that Drug Court clients complete an average of 30 to 35 days in their treatment programs.

Treatment Program Philosophy. The belief that recovery involves changes in identity, behavior, and lifestyle, which includes self-reliance and positive social and work-related attitudes is extremely important to the treatment programs. Other extremely important aspects of the treatment programs include: (1) The structure of the agencies, such that they have a full program of mandatory daily activities, rules for behavior, and consequences for breaking these rules, and center on member's participation; (2) Staff reinforcement of community values, confrontation of breaches in accepted behavior, and teaching good health practices; (3) Family involvement in the therapeutic plan; and (4) Treatment designed in three stages with goals and expectations for the individual and preparation for and transition to personal independence outside the program.

The client's role as a member of the community and sharing responsibility for maintenance and health of community values is very important to the treatment programs. Other very important aspects of the treatment programs include: (1) The belief that peers should offer support and positive persuasion, develop personal relationships, and help each other; (2) Emphasis on participation in daily activities and sanctions for violating community norms; (3) Work used as part of the therapeutic program; (4) Reinforcement for acting in a positive manner and confrontation for acting in a negative manner which is demonstrated in group activities and by the counselor; and (5) Assimilating the resident into the community and the development of a set of values consistent with those of the community.

The belief that substance abuse reflects a general problem in coping and other more general developmental or psychological problems is somewhat important to the treatment programs. Regular drug screenings and privileges for progress in the program and educational activities, such as academic training, vocational training, and seminars that focus on personal development are also somewhat important to the treatment programs.

The initial orientation toward clients is one that emphasizes the development of trust, self-confidence, and understanding of the program. All three programs greatly encourage clients to change their previous lifestyle and environment that supported drug-taking and related behaviors and attitudes. A great emphasis is placed on (1) The client's physical health and physical well-being; (2) Practical life skills; (3) Improving a client's basic educational level; (4) Job preparation or referring clients to vocational rehabilitation; (5) Social functioning; (6) Spiritual growth and spiritual well-being; and (7) Improving the clients' self-image, self-esteem, self-confidence, self-insight, self-understanding, and self-awareness.

Program Goals. The highest priority goals include abstinence from alcohol and illicit drugs. A client's physical health and well-being was considered as an important goal for the treatment programs. Goals that were considered to be less important included a client's spiritual health and spiritual well-being, basic educational levels, job preparation, and criminal behavior and errors in thinking. The treatment programs placed a very great emphasis on relapse prevention for clients and learning to cope with relapse triggers.

All three programs place a very great emphasis on abstinence from alcohol as well as abstinence from illicit drugs. The programs also place some emphasis on smoking cessation as a long-term goal. One program has a protocol for detoxification from cocaine, but it is the same as detoxification from alcohol and other drugs. Clients who need medical management are referred to a medical detox facility.

Program Entrance. The treatment programs receive many referrals from clients, clients' family, mental health centers, and the Courts. Self-help groups, social services, and 12-step groups refer some clients to the treatment programs. The programs also receive some referrals from former clients, employee assistance programs, hospitals, probation and parole, friends of the clients, out-of-area treatment centers, and the Drug Court program. The programs receive very few referrals from physicians, employers, the police, and churches. The programs do not receive any referrals from schools, Treatment Alternatives to Street Crimes (TASC), or vocational rehabilitation.

Average caseloads, overall, vary from eight to 25 clients per staff member. The average Drug Court specific client caseload is between two and five clients. Over the past twelve months, the highest number of Drug Court clients on the caseload ranged from between four and seven.

The treatment centers will admit adults over the age of 18. Two facilities require that residence in a certain county be a criterion for entrance into the facility's program. Two facilities do not allow suicidal persons into their treatment programs and one facility does not allow arsonists to enter their program.

The facilities that give priority admission to some clients including pregnant women, intravenous drug users, people involved in the criminal justice system, homeless people, and disabled persons as high priority clients.

Two facilities currently maintain a waiting list. Between ten and twelve clients are on the waiting lists and two Drug Court clients are on the waiting lists. One facility has an average waiting list time of four to six weeks. The other facility reassesses the waiting list daily and certain populations such as those listed above are given the top priority.

Assessment. Two programs use a standard assessment tool for clients. Assessment tools include Beck's Depression Inventory (BDI), a family history profile, and the SASSI. All three programs assess all clients along the following dimensions: health, social support, living situation, spirituality, drug abuse history, alcohol abuse history, drug abuse treatment history, alcohol abuse treatment history, and psychiatric mental health treatment. Programs also assess clients along the following dimensions: psychological, criminal activity, and family functioning. Some clients are assessed along vocational and educational dimensions.

Treatment Information and Planning. All three treatment programs provide written information to Drug Court clients about their program or clinic and the treatment services offered. The programs each develop formal, written, individual treatment plans for Drug Court clients in their programs. Treatment plans are developed between within one to fourteen days after admission. Treatment plans address major problem areas and Drug Court requests or recommendations are addressed in the treatment plans. Plans are developed by the clients' primary counselor or case manager and the client. Clients may have input in regards of the content of their treatment program or the development of a timeline for the completion of tasks. Plans are reviewed either weekly or bi-weekly. Two programs include detailed discharge goals and objectives in the initial treatment plans. These goals are reviewed weekly.

Family members of clients do not participate in the development of treatment plans. One program allows Drug Court staff members to participate in the development of treatment plans. This program shares the goals of the Individual Treatment Plan developed by the Drug Court.

Counseling and Therapy Approach. All three treatment centers are chemical dependency programs based on the Minnesota model or 12-Step philosophy. Two of the treatment facilities divide their treatment into phases. The phases include detox, treatment, 12-steps, relapse prevention, and continuing aftercare.

The treatment programs place a major emphasis on the following types of therapy: supportive group therapy, task-oriented and problem-solving group sessions, milieu therapy, and 12-step. Some emphasis is also placed on confrontational group therapy, family therapy, supportive individual counseling, individual psychotherapy, individual behavioral therapy, cognitive behavioral therapy, reality therapy, and case management.

The number of group counseling sessions vary between each of the treatment agencies. One program does not schedule group sessions with Drug Court clients and the others schedule sessions at least three to four times per week. Individual sessions also vary. One program does not schedule individual sessions and the others schedule individual sessions between one and five times per week. All three programs encourage Drug Court clients to attend 12-step group meetings. Clients attend 12-step meetings once per day. The majority of 12-step meetings are held off-site. The treatment programs have a general protocol for treatment groups, but individual therapists may deliver treatment differently. Also, there is a general protocol for individual group sessions, but the treatment counselors may deliver the treatment differently.

The treatment programs provide emergency counseling or crisis management for Drug Court clients. They also provide informal or unscheduled counseling or other services for Drug Court clients. In one program, treatment staff members are available around the clock, and program staff use beepers to respond to clients' needs after hours.

The treatment agencies do not systematically match Drug Court clients with specific counselors according to different characteristics or problems. Clients are assigned to counselors who have room on their caseload.

None of the respondents stated that their programs provided specialized treatment tracks or specialized groups for Drug Court clients with particular kinds of treatment needs.

Standards. All three programs are required to meet treatment standards for services to clients. The standards specify particular procedures for the following: intake assessments, treatment planning, progress notes, client records, individual, group, and family counseling contact hours, counselor caseloads, and confidentiality. Two programs use a formal needs assessment at intake to determine a client's need for services. The other program uses an initial interview.

The respondents received clinical supervision or consultation on their cases over the past twelve months. All three respondents also supervise other staff members. Recovering substance abusers are employed as regular program staff at all three treatment agencies. Recovering staff are used to lead group sessions, give lectures or one-time presentations, and to provide counseling if they have a college degree and a minimum of 2 years of recovery.

Client Participation and Responsibility. The programs feel that once a client's treatment activities have been determined, the treatment activities are mandatory. Overall, Drug Court clients keep their counseling appointments and participate in other program activities as scheduled.

In order to induce Drug Court clients to conform to program rules, the treatment programs use a variety of methods, including: peer pressure, verbal reprimands, loss of privileges, criminal justice, and revision of treatment plans.

The programs place a varying degree of emphasis on family involvement in the treatment of the Drug Court clients. One program stated that the majority of Drug Court clients have at least one family member or representative actively involved in their treatment. Types of family interventions offered by the programs included family therapy, substance abuse education, referrals for family members, and multifamily therapy.

Drug Court clients pay treatment costs if they are referred to treatment agencies outside of the Drug Court program. At several agencies, clients may pay fees on a sliding scale or the client's insurance may cover treatment costs.

One treatment facility surveyed conducts urinalysis on Drug Court clients independently of the Drug Court program. The urinalysis is conducted once per month on some random and some selected individuals. An on-site lab analyses the results of the urinalysis and in order to ensure that results are accurate, positive results are tested twice. If a Drug Court client has a positive urine screen, he/she is discharged from the treatment program.

All three facilities require a tuberculosis test and all three facilities encourage Drug Court clients to be tested for HIV antibodies. The facilities also encourage Drug Court clients to be tested for hepatitis. Two of the treatment agencies are authorized to prescribe medication to Drug Court clients.

Communication between Treatment Facilities and Drug Court Staff. Treatment staff communicate with Drug Court counselors to make reports about clients and termination summaries are completed at the end of the client's treatment by the outside treatment agency. The agencies may also make regular reports about Drug Court clients to the Drug Court staff.

Treatment agency staffs coordinate services with the Drug Court program by talking with Drug Court counselors and scheduling joint sessions with treatment facility staff, Drug Court counselors, and Drug Court clients. When the treatment facilities have problems with Drug Court clients, the treatment facility staff either provide counseling to the client, contact the Drug Court counselors, or notify the Drug Court program of the discharge of the client from the treatment facility, depending upon the severity of the problem.

The treatment facilities discuss Drug Court clients with Drug Court staff a number of times each month, based on the number of Drug Court clients and the need to update the Drug Court staff about client progress. Usually, contacts with Drug Court staff members are made over the phone, but face-to-face meetings can be arranged if necessary.

The following table details the average amounts of time spent in different tasks:

Table 7. Treatment Staff Duties

TASK	% OF TIME
In-person contact with clients	51%
Phone contact with clients	0%
Travel to see clients for other program-related work	0%
Direct contact with other program staff	15%
Direct contact with Drug Court staff	2%
Collaborative work with other community services	10%
Administrative duties	17%
Other activities	5%

Services Offered On-Site or By Referral. All three treatment programs have referred clients to another agency for treatment, counseling, or other services. The client's primary counselor or a conference decision usually initiates the request for referral services. Generally, the individual counselor or a team of counselors determines what services the clients need or clients may request a referral. The treatment staff make the decision to refer a client to another agency because services are not offered on-site or a specialized service beyond that provided on-site is needed. The treatment programs monitor referrals frequently.

The programs have formal arrangements with other agencies that provide continuing care or aftercare services to the clients and informal arrangements for vocational services. Formal or informal arrangements or no arrangements are used for medical services, educational services, psychological services, legal services, and family services.

The treatment programs have good working relationships with the following service providers: public social service agencies, probation and parole, Drug Court, and other drug abuse treatment programs. The agencies also had fair or good relationships with family service agencies, community mental health centers, police, the Courts, and medical personnel.

The treatment programs stated that clients have a very great extent of need for educational, vocational, financial, legal, family, and continuing care or aftercare services. Services for which there is some need include medical and psychological services. Services offered on-site at the treatment programs include psychological services and family services. Services not offered on-site include vocational, financial, and legal services. Some services, such as medical, educational, continuing care or aftercare services, are offered at some treatment programs and not at others. One site stated that 20 percent of clients receive psychological services on-site, 10 percent of clients receive family services on-site, and 70 percent of clients receive substance abuse psychological and educational services on-site.

The treatment programs provide a number of services, either on-site or through referral, to their clients. Some of these services are not difficult to receive, such as physical or dental exam, medical or dental care, admission to hospital or clinic, medication, diet or nutritional advice, exercise or physical fitness protocol, prenatal care, postpartum care, HIV/AIDS testing, TB testing, other testing, medical detoxification, drug abuse counseling, alcohol abuse counseling, individual or group counseling for mental health reasons, relapse prevention, 12-step, follow-up counseling, basic health education, substance abuse education, HIV/AIDS prevention education, and parenting, child care, or childrearing.

Services that are either only somewhat difficult or not at all difficult to obtain through the treatment programs or by referral include: postpartum care, general counseling about education plans and opportunities, child development education, social and interpersonal relationship skills, vocational or employment testing assessment, financial counseling, assistance with budgeting and money management, financial help from an outside agency, counseling for problems with a spouse or partner, counseling for problems with parents, halfway house or reentry homes, and emergency counseling.

Services that are somewhat difficult for clients to obtain through the treatment program or by referral include: stress management, leisure skills training, vocational or employment testing assessment, help from a public agency for vocational assessment, emergency or other special purpose funds, concrete services, death or bereavement counseling, and location of stable housing.

Services that are not available to clients through the treatment programs or by referral include: glasses or hearing aids, pediatric care, peer resistance counseling, self-concept counseling, educational needs assessment or testing, basic education in reading and writing, preparation for GED or high school equivalency exam, GED glasses or other education courses, tutoring in reading, writing, math, or other basic skills, schools, training, or vocational rehabilitation, job search workshops or counseling, resume writing, interviewing skills, job referrals, help from a public agency in finding a job, help from a private agency in finding a job, placement in a job, vocational or employment counseling, help from a private agency for vocational assessment, help from a public or private agency for vocational counseling, vocational skills training, representation in civil cases, representation in criminal cases, assistance with non-court legal matters, lawyers or legal aid, family planning, Head Start, other preschools, homemaking skills, wilderness experiences, acupuncture, CES (Cranial Electro Stimulation) or NET (Neuro-Electric Therapy), biofeedback, amino acids, hypnosis, and therapeutic touch.

There was a varying degree of difficult in obtaining the following services: peer or support groups that are not 12-step, assistance with probation or parole, and transportation.

The following table details the types of treatment components that are available on-site or by referral at the treatment agencies.

Table 8. Referral Treatment Agencies

Treatment Component	How Available
Detox	On-Site
Methadone maintenance	By Referral
Medical treatment	By Referral
Individualized treatment plans	On-Site
Staged recovery process model	On-Site
Relapse prevention model	On-Site
Substance abuse education	On-Site
AA/NA type 12-step model	On-Site
Self-help therapy using a manual or diary	On-Site or By Referral
Acupuncture/ acupressure	By Referral
Hypnosis	By Referral
Case management	On-Site
Casework	On-Site
Advocacy for obtaining services or benefits for the client	On-Site
Individual Counseling	On-Site
Scheduled group therapy	On-Site
Family therapy	By Referral
Social skills development training	On-Site
Problem solving skills training	On-Site
Life skills training	On-Site
Parenting classes	On-Site
Cognitive behavioral	On-Site or By Referral
Training in anger management or aggression management	On-Site
Stress management	On-Site
Biofeedback training	On-Site or By Referral
Relaxation methods	On-Site
Transcendental meditation	On-Site or By Referral
Thinking errors approach	On-Site
Moral or ethical training	By Referral
Contingency contracting	On-Site or By Referral
Token economy	By Referral
Health care	By Referral
Referrals to health care organizations	By Referral
HIV testing	By Referral
TB testing	On-Site
Service for special populations	On-Site
Service for cultural/ethnic groups	On-Site

Services available to clients on-site include: detox, individualized program plans, staged recovery process model, relapse prevention model, substance abuse education, AA/NA type 12-step model, case management, casework, advocacy for obtaining services or benefits for the client, individual counseling, scheduled group therapy, social skills development training, problem skills training, life skills training, parenting classes, training in anger management or aggression management, stress management, relaxation methods, thinking errors approach, TB testing, service for special populations, and service for cultural or ethnic groups. Services available by referral include: methadone maintenance, medical treatment, acupuncture or acupressure, hypnosis, family therapy, moral or ethical training, token economy, health care, referrals to health care organizations, and HIV testing. Services available either on-site or by referral include: self-help therapy using a diary or journal, cognitive behavioral, biofeedback, transcendental meditation, and contingency contracting. One program offers on-site treatment at the Kentucky Correctional Institution for Women. This treatment is followed by ongoing treatment at a halfway house specifically for women parolees.

Program Exit. Criteria for successful completion or graduation from the programs involve completion of all three phases of treatment and following the guidelines of the treatment programs.

Decisions to discharge Drug Court clients from their programs due to successful completion are typically made from a team counselors or staff or the clinical supervisor. Other recommendations come from individual counselors and Drug Court staff. Decisions to discharge Drug Court clients from their program prior to successful completion are typically made from a team of counselors or staff or the clinical supervisor. Other recommendations come from individual counselors, Drug Court staff, or substance abuse coordinator.

Use of illicit drugs, involvement in illegal activities, being arrested for a crime, violent behavior on site, and sexual activity on site were regarded as very important reasons for discharging Drug Court clients from the programs before they completed their treatment. Violation of program rules or regulations was considered an important reason for discharging a client. Missing counseling or therapy sessions or failure to pay for treatment services were regarded as somewhat important reasons for discharging Drug Court clients.

The respondents believed about 75-90% of the total Drug Court clients will achieve the criteria for completion or graduation from their programs and about 50% of their Drug Court clients, during the past 12 months were regarded as successes.

The treatment respondents believe that clients with the following characteristics greatly benefit from the drug abuse treatment provided at their program or clinic: clients who are new to treatment, clients who seek treatment voluntarily, clients in crisis, clients in which polydrug use is a problem, clients in which cocaine use is a problem, clients in which alcohol and other drug use is a problem, clients with housing problems in addition to substance abuse problems, and clients with co-morbid disorders. The treatment respondents also believe that clients with little motivation or desire for treatment, clients who have an extensive treatment history, and clients whose problems are not yet at crisis stage benefit to some extent from the drug abuse treatment provided at their agencies. All three treatment agencies stated that Drug Court clients benefit greatly from treatment.

Not being ready for treatment and not being capable of change are regarded as great contributing factors to the failures. Noncompliance with treatment is the greatest contributing factor for the failures. Respondents did not believe contributing factors for failures included seeking treatment too late, not being motivated to change, services were unavailable to meet client needs, treatment was not intensive enough, or Drug Court was too difficult.

Clients discharged for rule infractions can reapply for admission after 30 days. However, this does not guarantee readmission to the program. A client that follows the rules will not be discharged unless the client is arrested or left treatment against staff advice. Clients who were not discharged for rule infractions can also reapply for admission after 30 days although it does not guarantee readmission to the program.

Treatment Perceptions of Drug Court. No staff members are solely dedicated to Drug Court. The treatment representatives noted that the Drug Court program has had an impact on their orientation and training programs. Staff members receive training in criminal thinking and relapse prevention for addicted offenders. The Drug Court program has not had an impact on policies and procedures. Increased correspondence and feedback to the courts has resulted from treatment interaction with Drug Court. The treatment centers have not incurred any additional costs as a result of the Drug Court program.

The main substances of abuse for Drug Court program participants have been crack and alcohol. Other major substances of abuse include marijuana, cocaine, and benzodiazepines. Some programs allow smoking in designated areas only, but some programs prohibit smoking on site.

Respondents reported several significant benefits that the treatment programs have received as a result of the Drug Court program include: (1) Increased referrals, (2) Increased understanding and interaction with the courts, (3) Extended services to addiction offenders, (4) Drug Court clients allow the programs to utilize thinking errors curriculum, (5) The programs can follow up with Drug Court to see how a client benefited from the treatment program, and (6) Working with Drug Court staff to keep clients engaged in treatment.

Strengths of the Drug Court program listed by the treatment agencies included: (1) Good communication with some of the counselors, (2) Legal sanctions, (3) Capacity for long-term case management, (4) Random drug screens, (5) Drug Court keeps the client involved in treatment for an extended period, (6) Drug Court counselors are willing to meet with the client and counselors at the treatment agencies, and (7) Drug Court support the agencies in their decisions.

Some things mentioned by the treatment agencies that the Drug Court program could do to improve included: (1) Communicate more consistently, (2) Provide feedback such as client completions from Drug Court and the success rate for Drug Court participants, and (3) Expand coordination of services and collaboration.

Advice that the treatment representatives would give to counterpart agencies in jurisdictions beginning Drug Court programs entailed that the agencies must be willing to work with other treatment centers.

Final comments from treatment representatives included: “This is the most innovative approach to insuring reduced relapse and recidivism and of returning to the community and family a positive, productive, and contributing member” and “It is a good program. We enjoy working with [the Drug Court staff].”

Relapse Patterns

Common triggers for clients to reuse drugs include seeing old friends, seeing old places, seeing old things, and not doing what they have learned they can do. Some clients live in drug-ridden atmospheres and therefore are more easily tempted to reuse.

Client Monitoring

Clients are monitored by the Drug Court Judge and, on an individual basis, by their Drug Court counselor. In addition, when clients are in a residential treatment program, they are monitored by residential treatment facility staff. Probation officers continue to monitor clients who enter the Drug Court as a condition of their probation.

Urine Drug Testing. One of the most important ways in which clients are monitored is through randomly scheduled urine drug testing. Once clients enter the program, they are put on a randomized drop schedule. Clients can drop into five different Health Department locations around Louisville. The Jefferson County Drug Court Program uses a computerized random drop system. Clients are assigned to a particular Health Department location and are required every day to call a Drug Court phone number dedicated to the urine drop schedules. Urine is regularly tested for marijuana, cocaine, and alcohol. Once a month urine is screened for opiates, benzodiazepines, and amphetamines unless the client has another “drug of choice.” During Phase I and Phase II, clients are scheduled to donate a urine specimen twice per week. During Phase III, clients are scheduled to drop once per week.

Clients are also asked to bring in any prescription medications that they may be taking. The Drug court tries to work with the client's doctors to get non-narcotic alternatives for patient medication. Alcohol use is prohibited in the Jefferson County Drug Court Program.

Sanctions and Rewards. There is no system of graduated sanctions and rewards. Clients are sanctioned on a case-by-case basis, depending upon their behavior history in the Drug Court program. The Drug Court Judge decides on the final sanction after consulting with Drug Court counselors.

The Drug Court program uses peer pressure intentionally to induce Drug Court clients to conform to the program's rules. The program also uses verbal reprimands, loss of privileges, revisions of the treatment plan, and criminal justice sanctions. Family pressure is used to some extent to induce the clients to conform to the program rules.

The Jefferson County Drug Court Program tries to match treatment-related sanctions to dirty urine screens. Sanctions for a dirty urine screen might include an increase in the number of AA/NA meetings a client must attend, or the client might be sent to residential treatment. Other offenses may be met with a more criminal justice-oriented sanction. For example, tampering with urine would result in ten days in jail; an act of non-compliance would result in jail time; and threatening a counselor would result in either jail time or dismissal from the program. Sanctions range from increased meetings to jail time. Community service is also used as a sanction.

Clients are notified of failure in a number of ways, depending upon the severity of the offense. Counselors will often tell clients if they have had a dirty urine result, or clients will learn about the dirty urine screen in the next Drug Court session. If a client has falsified a urine result, he/she will not be notified of their failure until the next Drug Court session where he/she can be taken into custody.

Rewards given in the program include praise from the Judge and counselors and faster promotion through the phases. Rewards are given for progress achieved. In the future, the Jefferson County Drug Court Program would like to give clients tokens for progress. Currently, the Jefferson County Drug Court Program gives clients who enter Phase III a copy of Watty Piper's The Little Engine That Could.

Graduation. Clients are eligible to graduate from the Drug Court program after they have passed through all three phases, have lived in stable living conditions for a minimum of 90 days, have had employment for a minimum of 90 days, and have had clean urine screens for six months. Graduations in the past occurred whenever a client was ready to leave the program. For the past several years, graduations have occurred on a quarterly basis. To date, there have been 36 Jefferson County Drug Court Program graduations and 166 graduates.

Clients' families, their attorneys, the police officer who arrested them, the Judge who referred them to Drug Court, and others are invited to Drug Court graduations. Kentucky's Chief Justice, Joseph Lambert, has spoken at the Jefferson Drug Court graduation. At the graduation ceremony, the Drug Court Judge will speak about the clients, and the clients will be given a diploma and a key chain. Any graduate who wants to speak is given the opportunity to do so.

Program Termination. Clients would be terminated from the program for repeated acts of non-compliance or any violence. Often when a client ceases to attend group sessions and court sessions, a bench warrant is issued for his/her arrest; he/she is picked up by the police and is sent back to the court system for reinstatement of criminal proceedings.

Aftercare

The Jefferson County Drug Court Program does not have an official aftercare program for clients who have graduated from the program. The program administrator stated that an aftercare, or "continuing care," component is included in the three phases of the program. Clients who have graduated from the Drug Court program are always welcome to attend group sessions if they wish. An aftercare program in which clients do not attend court sessions but do come to group sessions once a week and submit urine samples once a month is planned.

Information Capabilities and Reporting

Regular reports about the Jefferson County Drug Court Program are made to a number of different funding agencies on a quarterly basis. The grants that require quarterly reporting include a federal grant, two Byrne grants, and a community corrections grant. Items included on the quarterly reports include: the number of individual, group, and family/support sessions; the number of participants referred to outside agencies; the number of participants referred to outside agencies for residential services; the number of assessments and number accepted; the number of participants employed; the number of participants in educational pursuit; the number of employment/educational verifications; the total number of sanctions; and the number of persons rearrested for new charges.

Quarterly reports made to the Community Corrections Program include the following information: the number of new clients for the quarter; individual client profiles for each new client; number of persons who entered the program during a previous quarter who continued to receive services during the current quarter; the number of clients who graduated and the number who were terminated; number of clients involved in specific programs during the current quarter; number of men; number of women; number of clients in various age groups; number of clients of each race; number of first time offenders and number of repeat offenders; types of crimes committed by Drug Court clients; the number of clients in the program for various durations of time; and a narrative description of activities during the current quarter. (See Appendix D for examples of Drug Court reports).

Reports to the Drug Court Judge about Drug Court clients are made both in oral format and in a written court form that is presented during or before the Drug Court session. Information in the court form includes reports on urine screens, treatment components such as acupuncture or meditation, attendance at group sessions and AA/NA sessions and any other pertinent comments a counselor would like to make about the client's progress. (See Appendix E for an example of the court sheet example)

Probation and parole officers may also receive information about the progress of any Drug Court clients that they might be monitoring.

The Jefferson County Drug Court Program works with other Drug Court programs in the state by transferring clients to and from the other Drug Courts. The program does not produce reports on the termination or transfer of participants.

Funding

The Jefferson County Drug Court Program receives funding from four different sources: two Byrne grants, a Federal Crime Bill grant, and a Community Corrections grant. In addition, clients pay fees of ten dollars per week. The grants pay for treatment and urinalysis costs. The City of Louisville, Jefferson County, and the Administrative Office of the Courts match some of the grant funding. The average drug screen for the current Fiscal Year costs six dollars.

Evaluation

The Jefferson County Drug Court Program conducts no formal evaluation of its progress. However, this report is a part of an outcome evaluation of the Fayette, Warren, and Jefferson Drug Courts. The Jefferson County Drug Court Program does informally evaluate its progress. A graduation committee consisting of the Drug Court Advisory Committee and Drug Court counselors interviews clients at the graduation ceremony. Clients are asked about their job status, how they feel they are doing, other questions regarding their well-being, how they have changed, how they feel the Drug Court program has helped them, and what their plan of action is for how they are going to maintain their sobriety.

In 1998, Gennaro F. Vito and Richard A. Tewksbury completed the last formal evaluation of the Jefferson County Drug Court Program. The evaluators found that Drug Court terminators were much more likely to be convicted of another felony than Drug Court graduates. Fifty-nine percent of terminators, over a one-year follow-up period, were convicted of another felony, whereas thirteen percent of graduates were convicted of another felony.

Program Strengths

The program administrator listed the primary strength of the Jefferson County Drug Court Program as its treatment program.

Potential Program Changes

The program administrator stated that the program always has room for improvement, and that the program is constantly working to refine and adapt what they are already doing. Planned changes include monitoring the measures for goal achievement.

Advice to Other Drug Courts

The Jefferson County program administrator listed the following advice for other Drug Court programs: (1) Start small; (2) Have a very defined target population; (3) Pay attention to the treatment program; and (4) Build a good relationship with the court.

Staff Characteristics

The Jefferson County Drug Court Program currently employs nine staff members who work in a variety of positions. The normal, full-time workload for staff members is between 37.5 and 40 hours. The majority of the Jefferson Drug Court staff are full-time counselors. Several members of the staff work in administrative positions, and their ages range from 28 to 55. There are two white male staff members and four white female staff members. The remaining three members are African-American women.

Of the five counselors who work with the Drug Court program, two have twenty years of treatment experience and three have worked in the treatment field for ten years. One counselor was recently hired and the others have worked up to six and a half years with the Jefferson County Drug Court Program. All five counselors are certified alcohol and other drug counselors.

During an average work week, the program administrator spends between twenty-five and thirty percent of her time in in-person contact with clients, some time in phone contact with the clients, several hours per week in direct contact with other program staff, a great deal of time in administrative duties, around five percent in collaborative work with other community services, and some time in other activities such as staff training and professional readings. The program administrator has received clinical supervision and consultation on her cases over the past 12 months and also supervises other staff.

All positions but one are funded fully by Drug Court funding agencies. All counselors spend 100 percent of their time on treatment and treatment-related duties. There is an administrative coordinator who works primarily with information management and spends 100 percent of her time on administrative duties. An administrative assistant and a part-time clerk spend 100 percent of their time on clerical duties.

Treatment counselors and the program director are responsible for case management, program monitoring, assessing success, treatment, program reviews, and recommending modifications to the program. The program director, the administrative coordinator and the administrative assistant handle information management. The program director, moreover, handles agency coordination.

Staff Training. Counselors employed by the program are already certified to work with people with substance abuse problems. Staff receive some one-on-one training on Drug Court procedures with the program administrator. A great deal of on-the-job training is done.

Interns and Volunteers. One person interned with the program as a part of their job. Occasionally AA or NA members will come to group sessions and speak to different groups. However, the Jefferson County Drug Court Program does not use volunteers or interns on a regular basis.

Drug Court Judge. One Judge works with the Drug Court program. Judge Henry Weber has worked with the program since its inception. He spends approximately ten to twelve hours each week on Drug Court program matters. At the time the Jefferson County Drug Court Program was founded, no special training for Drug Court Judges was available. However, Judge Weber has visited the Miami Drug Court in order to prepare for the Jefferson County Drug Court Program and is also a trainer at various Drug Court training sessions.

Advisory Committee. The Jefferson County Drug Court Program has an advisory committee that consists of eleven members. Members meet once a month to discuss any Drug Court issues and the Drug Court process. Some members of the committee have attended conferences about the Drug Court program. However, most have not received any training specific to the Drug Court program but are on the committee to represent their various organizations. Members of the committee are listed in the following table:

Table 9. Advisory Committee Members

Name	Organization
Judge Henry Weber	Drug Court Judge
Linda Weis	Drug Court Program Director
Joyce Wilson	Drug Court Administrative Coordinator
Jim Ellis	Defense Attorney
Curry Butler	Assistant Commonwealth Attorney
Larry Osterhage	Assistant County Attorney
Len Gillis	Probation Officer
Lt. Colonel Jackie Cooper	County Police Officer
Captain Steve Conrad	City Police Officer
Rodger Amon	Associate Director of the Health Department
Milton Dehoney	Deputy Mayor

Staff Departure. Seven staff members have left the Jefferson County Drug Court Program over the course of its existence. Two of those staff members have left the program, but have returned. During Fiscal Year 1999, two staff members left the program. Three staff members have been fired for inappropriate behavior, and one staff member left because the Drug Court program did not pay graduate school tuition.

Community Organizations

The Jefferson County Drug Court Program works with a number of community organizations. Community organizations are used for referrals, addiction treatment, jobs, schooling, housing, medical needs, food, and psychiatric treatment. The Jefferson County Drug Court Program would like to work with more community organizations, specifically employers, to meet the needs of Drug Court clients.

Community service is used as a sanction in the Jefferson County Drug Court Program. Organizations where Drug Court clients can fulfill their community service sanction are listed in the following table.

Table 10. Volunteer Agencies

Dare to Care
The Lord's Kitchen
Neighborhood House
Plymouth Community Renewal Center
Project Warm
St. Joseph Home for Children Child Development Center
Wesley Community House

Client Characteristics

The following Table summarizes client characteristics for clients currently in the program as of December 1999. Due to incomplete client records, percentages in all columns do not always add up to 100 percent and percentages may or may not be an accurate reflection of client characteristics for this time period.

Table 11. Client Characteristics

CHARACTERISTIC	Male=116 (73%)	Female=37 (23%)	TOTAL/AVERAGE Total=160 (100%)
Ethnic Background			
White	41(35%)	15(40%)	56(35%)
Black	61(53%)	18(49%)	79(49%)
Other	2(2%)	2(5%)	4(2%)
Age Groups—at Entry			
Youngest	19	18	18
Oldest	52	49	51
Average Age	36	34	35
Medical Status			
Pregnant	N/A	1(3%)	1(.6%)
HIV Positive	1(.9%)	0	1(.6%)
Active AIDS	2(2%)	0	2(1%)
STD's	16(14%)	3(8%)	19(12%)
Participation in Other Programs			
Work release	3(3%)	2(5%)	5(3%)
Vocation training	12(10%)	3(8%)	15(9%)
GED	28(24%)	11(30%)	39(24%)
AA/NA	67(58%)	20(54%)	87(54%)
JADAC	38(33%)	10(27%)	48(3%)
Labor Force Status (during the year before entry into Drug Court)			
Full-time employed	54(47%)	15(40%)	69(43%)
Part-time employed	15(13%)	4(11%)	19(12%)
Unemployed	20(17%)	6(16%)	26(16%)
Employment Status at Entrance			
Full-Time	54(47%)	19(51%)	73(46%)
Part-Time	13(11%)	3(8%)	16(10%)
Education program	8(7%)	2(5%)	10(6%)
Trade school	3(3%)	1(3%)	4(2%)
Unemployed	25(21%)	4(11%)	29(18%)

Table 11. Client Characteristics , Continued

CHARACTERISTIC	Male	Female	TOTAL/AVERAGE
Current Employment Status			
Full time	52(45%)	17(46%)	69(43%)
Part time	6(5%)	2(5%)	8(5%)
Volunteer	2(2%)	0	2(1%)
Education program	5(4%)	1(3%)	6(4%)
Trade school	2(2%)	1(3%)	3(2%)
Marital Status			
Married	8(7%)	3(8%)	11(7%)
Single	54(47%)	12(32%)	66(41%)
Divorced/separated	23(20%)	11(30%)	34(21%)
Widowed	1(.9%)	0	1(.6%)
Education			
Less than high school education	23(20%)	6(16%)	29(18%)
HS graduate or GED	32(28%)	5(13%)	37(23%)
Education beyond HS	12(10%)	4(11%)	16(10%)
Living Status at entrance			
With children	1(.9%)	1(3%)	2(1%)
With Spouse or significant other	9(8%)	6(16%)	15(9%)
With spouse and children	14(12%)	3(8%)	17(11%)
Alone	20(17%)	9(24%)	29(18%)
With parents	30(26%)	8(22%)	38(24%)
With other relatives	10(9%)	0	10(6%)
In residential substance abuse treatment	6(5%)	0	6(4%)
With others	4(3%)	0	4(2%)
Children			
Total # of active clients who have children	50(43%)	16(43%)	66(41%)
# gained custody since entering the Drug Court program	4(3%)	3(8%)	7(4%)
Average # years used drugs	16	17	17
Treatment history			
Residential treatment	24(21%)	6(16%)	30(19%)
Outpatient	27(23%)	6(16%)	33(21%)
AA/NA	39(34%)	11(30%)	50(31%)
Other: Psychiatric	3(3%)	3(8%)	6(4%)

As the Table indicates, current clients are 49% African American and 35% white. Also, clients are an average age of 35, with ages ranging from 18-52 years old.

The criminal justice background for current Drug Court participants includes mostly drug charges and some theft by deception charges. Not very many of the Drug Court clients have spent time incarcerated, but many clients are well acquainted with the criminal justice system through a number of prior charges. Clients were arrested an average of three times in the five years prior to their entrance to Drug Court and an average of four times in their lifetimes. Current clients have spent an average of three and a half months incarcerated in their lifetimes.

The primary drugs of choice of Drug Court clients include cocaine, alcohol, and marijuana. Clients have varying degrees of substance abuse problems, from minor to severe, with a greater number of clients having more severe substance abuse problems.

Although there are some special needs populations among the Drug Court participants, such as HIV positive clients or pregnant women, the Drug Court program does not focus on the client's special needs. Clients are never asked if they are HIV positive or pregnant. However, the program does do a great deal of education on HIV and AIDS and about risky behaviors.

The program administrator stated that clients are all very different and that she was not comfortable making a blanket statement about the different characteristics that typically enable a client to benefit from drug abuse treatment. Some clients may have a considerable number of problems and succeed in the program while others might have very few problems and terminate from the program. The administrator stated that she believes Drug Court clients benefit to a great extent from the treatment component of the Drug Court program.

Graduates and Terminators

Program records indicate that, of the clients who entered the Jefferson County Drug Court Program between 1994 and 1998, 154 graduated¹⁰. Of the same entrance group of clients, 214 were terminated from the program between 1994 and 1998. The following table describes the type of program exit by entrance year. Due to incomplete client records and the fact that some clients remain in the program after their entrance year, percentages in all columns do not always add up to 100 percent and percentages may or may not be an accurate reflection of client characteristics for this time period.

¹⁰ The evaluators from the Jefferson County Drug Court Program compiled the number of graduates and terminators from the Drug Court program records. A total of 760 files were recorded and 239 records were deleted from the final count due to missing data or the fact that the client was assessed but never entered the Jefferson County Drug Court Program. In addition, it is not clear whether the list of terminators and graduates are comprehensive. Thus, caution must be used in interpreting this information.

Table 12. Graduates and Terminators, 1994-1998

Entrance Date	Terminators		Graduates	
	Number	Percent of Total for year	Number	Percent of Total for year
1994 (n=27)	16	59%	11	41%
1995 (n=85)	49	58%	34	40%
1996 (n=102)	52	51%	46	45%
1997 (n=151)	72	48%	55	36%
1998 (n=81)	25	31%	8	10%

As displayed in the table, the average termination rate is 49% across all five years. In addition, there is a 41% graduation rate across four years. The last year was not included in the graduation rate average because it is very likely a number of the individuals who entered in 1998 were still active at the time this information was collected.

The next two tables detail the demographics of the clients who entered the program between 1994 and 1998 and were terminated or graduated. Terminators were an average age of 32 and spent an average of 7 months in the program before dropping out. Graduates were an average age of 35 and spent an average of 18 months in the program before graduating. Because of missing or incomplete client data, not all of the numbers represented here reach the total of terminators or graduates for those clients who entered the program between 1994 and 1998.

Table 13. Terminator Demographics

Entrance Date*	Average Age	Race		Gender		Average number of months in Program	Track		Total Terminators**
		Black	White	Male	Female		Probation	Diversion	
1994 (n=27)	33	44% (12)	15% (4)	48% (13)	11% (3)	7	44% (7)	13% (2)	16
1995 (n=85)	31	77% (38)	22% (11)	65% (32)	35% (17)	9	77% (38)	12% (6)	49
1996 (n=102)	31	63% (33)	27% (14)	73% (38)	27% (14)	9	79% (41)	6% (3)	52
1997 (n=151)	33	67% (48)	15% (11)	72% (52)	26% (19)	7	79% (57)	8% (6)	72
1998 (n=81)	34	48% (12)	24% (6)	76% (19)	20% (5)	4	76% (19)	8% (2)	25

* n = Total number of clients who entered in a given year

** Total number of terminators who entered in a given year

Table 14. Graduate Demographics

Entrance Date*	Average Age	Race		Gender		Average number of months in Program	Track		Total Graduates**
		Black	White	Male	Female		Probation	Diversion	
1994 (n=27)	34	26% (7)	15% (4)	33% (9)	7% (2)	22	18% (5)	18% (5)	11
1995 (n=85)	34	25% (21)	13% (11)	35% (30)	8% (4)	20	24% (20)	15% (13)	34
1996 (n=102)	34	27% (28)	13% (13)	31% (32)	13% (13)	19	19% (19)	22% (23)	46
1997 (n=151)	37	18% (28)	14% (21)	24% (37)	10% (15)	16	15% (23)	20% (31)	55
1998 (n=81)	38	5% (4)	4% (3)	6% (5)	2% (2)	14	4% (3)	6% (5)	8

* n = Total number of clients who entered in a given year

** Total number of graduates who entered in a given year

Of those clients who entered the program between 1994 and 1998, 32% (n=143) were African-American terminators and 10% (n=46) were white terminators compared to 20% (n=88) African-American graduates and 12% (n=52) white graduates. Men outnumbered women as both terminators and graduates. Thirty-four percent (n=154) of all men were terminated between 1994 and 1998, and 25% (n=113) of all men graduated between 1994 and 1998, compared to 13% (n=58) of all women were terminated and 8% (n=36) of all women graduated during the same time period. Between 1994 and 1998, more graduates were on diversion than probation and more terminators were on probation than diversion. Thirty-six percent (n=162) of clients entered the program through probation and were terminated and 4% (n=19) of clients entered the program through diversion and were terminated and 14% (n=70) of clients entered the program through probation and graduated and 17% (n=77) entered the program through diversion and graduated.

Perceptions

Judge Perceptions

One Judge works with the Jefferson County Drug Court Program. Judge Henry Weber has been on the bench since January 1984. He has worked with the Drug Court since its inception in 1993 and had not previously worked with a program like Drug Court. The Judge intends to work with the Jefferson County Drug Court Program as long as he is on the bench.

When Judge Weber started the Jefferson Drug Court, there were very few Drug Court programs in the nation. Also, no training was available when the Jefferson Drug Court began. However, the Judge has conducted several training sessions and has been to a National Council of Judges training session on substance abuse.

Judge Weber believes that the Drug Court program has gotten other Judges to think in terms of therapeutic jurisprudence and has expanded how they perceive their role. The Judge also believes that the program has impacted the community in a positive manner. He believes that the graduates are now, for the most part, productive members of the community, and others who have gone through part of the Drug Court program (i.e. terminators) have also benefited from the program. The Judge believes that the Drug Court has given hope to the community.

The Judge believes that the important difference between the Drug Court program and other treatment programs is the role of the court in supervising and encouraging the participants. The Judge also believes that if the program provided drug testing and court hearings but no treatment component that the program would not be worth doing and that if the clients did not appear before any Judge that it would not be different from any other type of treatment program. The Judge also believes that the program would be affected negatively if the clients appeared before the Judge less often. He stated that it is critical that clients appear before one Judge for consistency and expectations.

The Judge believes that word-of-mouth is most often how clients find out about the Drug Court program. He also believes that clients choose to enter the program because they are trying to get a better deal; the clients are trying to avoid jail or get out of custody. He also believes that clients choose to remain in the program for a variety of reasons. At first, clients stick with the program in order to avoid jail. As they become invested in their recovery, their lives, health, and self-esteem improve and the clients become more interested in improving their lives.

The Judge believes that the Drug Court rules are not as clear as they ought to be. He believes that a better-written handbook, given to the clients at the beginning of their time in Drug Court, could be periodically updated as rules change. He does believe that the expectations are clear to clients. The Judge would also like to see a more organized employment presence and education emphasis as services offered by the Drug Court program. The Drug Court Judge believes that the program takes the right amount of time to complete and that just the right amount of testing for drugs is done in each phase.

The Judge feels that Drug Court clients understand the sanctioning process very well. He states that there are three rules to follow: be honest, show up, and try hard. As long as client follows these rules, he or she will not be sanctioned. There is a system of graduated sanctions. The Judge tries to make sure that the sanctions are a part of the treatment process and tries to use sanctions to promote the accountability of the clients. The Judge feels that the program does not do enough to reward clients for success. He tries to praise clients as much as he can because many clients have not had any type of praise, especially from an authority figure. The Judge believes that learning accountability and responsibility is difficult for clients. He feels that overconfidence, going through the motions, stress, relationship problems, and depression are all likely to trigger relapses.

Phase III of the Drug Court program is the aftercare phase and the Judge feels that aftercare is very important for clients. He would like to see more alumni groups and activities for the clients.

The Judge believes that the most helpful aspects of the Drug Court program are the 12-step program, the quality of the Drug Court counselors, having a client identify with a counselor, and having a relationship with a Judge.

The Judge believes that the Drug Court program should be expanded to include more clients. He does not feel that the program is reaching all of the potential clients that it could. He would also like more funding for the program. During the start-up of the program, finding treatment and coming up with a decision-making process were two of the main problems. The Health Department stepped in to handle the treatment aspect and the current program administrator was hired. The program administrator and the Judge work together to make decisions about the program.

Information about felony recidivism, the impact of the program on the lives of participants, the cost savings to the community, and the positive impact on society would all be important to conclude that the Drug Court program is a success.

The Judge stated that new programs should develop a philosophy of operation that is consistent with the *Key Components*, the needs of the community and the key players on the team. Drug Court programs should develop a strong relationship between the court and treatment. The Judge also feels that programs should use their scarce resources on things that will most benefit their clients.

Staff Perceptions

All eight staff members completed surveys concerning the Jefferson County Drug Court Program. Staff members indicated that they strongly believed that drug use is a rising problem in their community. Thus, according to staff members, the Drug Court helps “treat addiction and lessens crime” and “It is the most effective means to dealing with alcohol and drug related charges incurred by addicts and alcoholics.”

Staff members indicated that about half of the clients had attended treatment programs prior to entering the Drug Court program. Clients were most likely to find out about the program through attorneys, Judges, jail, and friends. Clients are most likely to enter and stay in the Drug Court program to stay out of jail or to drop legal charges, as well as to get and stay drug free.

Staff listed the following as some of the most important components of the Drug Court program:

- Drug treatment;
- Drug testing;
- Drug education; and
- Sanctions for non compliance

The biggest problems staff listed with implementing a Drug Court program in the community were finding the right person to run a better system, coordinating numerous agencies to work together effectively so the goals of Drug Court clients can be met, and the lack of knowledge of the disease concept by lawyers and judges.

Staff believe that the Drug Court program does not take enough time to complete. The staff believe that testing for drugs in each of the phases is not done frequently enough. The average number of hours spent with each client each week in Phase I is six hours; the average number of hours spent with each client each week in Phase II is four hours; and the average number of hours spent with each client each week in Phase III is one hour. Staff members believe that the amount of time spent with clients in each phase is not enough.

The most critical components of the Drug Court Program listed by staff members included: (1) Group sessions, (2) Court sessions, (3) Individual therapy, and (4) Drug and alcohol education. According to the Drug Court staff, the most important things a client must do to be successful in the program are: (1) Attend sessions, (2) Be involved in AA/NA, (3) Follow the guidelines, (4) Give up old lifestyle, and (5) Be honest.

According to staff the most important differences between clients who complete the program and clients who do not are that the clients who complete the program have (1) A stable support system, (2) A willingness to make a lifestyle change, and (3) Longer periods of AA/NA meetings and education about their abuse.

The staff members were unsure of how well the Drug Court clients understand the sanctioning process. The staff believes the Drug Court program rules are not very clear to clients.

Staff listed the most important rewards used with Drug Court participants were graduation, positive reinforcement from group members, staff, and Judges, and phase advancement. According to staff, the use of rewards is prompted by willingness to cooperate, abstinence, working a 12-step program of AA/NA, participation in group time, and clean urine tests.

The most likely situations that Drug Court clients reported to staff as to what was likely to trigger a relapse were old friends and places, family issues or unexpected problems. Other situations were stress, emotional turmoil, and not knowing any other way of life.

Staff believe the Drug Court program has somewhat helped clients with substance abuse problems. However, the staff believes the Drug Court program has not helped clients very much with mental or physical health. The staff believed that the area in which clients make the most changes is substance abuse because it is the main focus of the program, and the clients are taught about their disease and ways of dealing with it. There has also been a significant amount of change in spiritual development because AA/NA teaches spirituality as a major component.

Over half of the Drug Court staff do not verify client employment. If a client needs help finding a job, staff typically refer them to career resources or an employment counselor. Agencies the Drug Court uses to help clients find a job include: (1) Career resources, (2) the Nia Center, (3) Unemployment office, (4) Vocational rehabilitation, and (5) Temp agencies. Some places that Drug Court clients have found employment are restaurants, construction or other labor positions, UPS, Swift, Cardinal Aluminum, Central State Hospital, Louisville Plate and Glass, and temp agencies.

Over half of the staff members have found problems with employers. Problems with employers reported by Drug Court clients to staff included: (1) Some employers are not understanding of the clients, (2) Some employers will not hire drug offenders, (3) Some employers want the clients to work in horrible conditions with little pay, and (4) Gossiping by other employees about Drug Court clients. Things staff have done to address the problems with employers include: (1) Communicating with employers, (2) Addressing the issues with the clients, (3) Trying to find employers that hire convicted felons, (4) Referring client to NIA center, and (5) Assuring employer of therapy plans and urine tests.

According to staff responses, 80% spent a significant amount of time helping clients in other areas such as housing, mental health issues, employment, and setting up communication with other important services for clients' recovery.

The Drug Court does not provide aftercare services. However, the staff believe aftercare services would be very important for Drug Court clients. Staff are unsure about how involved the Drug Court clients would be in aftercare services. Aftercare activities that staff believe clients would be most likely to become involved in are health care, church attendance, more socially-oriented AA/NA meetings, and monthly open meetings.

Feedback given to staff concerning the Drug Court program included the Drug Court helped clients to identify their problem with drugs and alcohol, some clients feel that it is the best thing to happen to them, and most clients who complete the program make significant changes. There has also been good community feedback.

The most helpful aspects of the Drug Court program, according to staff, are (1) Court sessions, (2) Counseling, (3) AA/NA involvement, (4) Group sessions, (5) The commitment to recovery, (6) Keeping the clients' best interest in mind, (7) The community standing of the program, (8) Client support, (9) The staff, (10) Accountability, (11) The utilization of referral services, (12) The court involvement, (13) Peer support, (14) Emphasis on treatment, (15) Structure, and (16) Discipline.

Things that the staff believes needs to be changed about the Drug Court program are: (1) The way staff are treated by management, (2) The lack of respect by management, (3) More black counselors, (4) More staff, (5) Employment of case managers, (6) Lighter case load for counselors, (7) Expansion of space and funds, (8) Expand the program and assign a full-time Judge, (9) The program takes on clients who have needs that the program cannot meet, (10) Groups should be limited to no more than 12 people per group, (11) More family and client support, (12) The need to do treatment plans, (13) Get referrals earlier in the process, i.e., at arraignment, (14) Have proper training for staff, (15) Not accept clients with mental disorders because the program does not have a place to refer these people for services, and (16) Have a more structured program.

Aspects of the Drug Court program that staff believe have been particularly difficult for the clients are: (1) Not enough staff, (2) Staying clean, (3) Finding babysitters, (4) Too many changes in staff and program rules, (5) Urine collection areas, (6) Detoxification without the opportunity of medical detoxification, (7) Paying fees, (8) Inconsistency in rules, and (9) Lack of leadership by program director.

According to staff, difficulties during program implementation were (1) Lack of knowledge concerning this particular population, (2) Getting referrals from Judges and prosecutors, and (3) Management not being open to new ideas.

Most of the staff would like to see the Drug Court program offer other services such as (1) Case management, (2) Aftercare, (3) Literacy program, (4) Employment and life-skills management, (5) Housing, (6) Daycare, (7) Individualized treatment, (8) Psychiatric services, (9) Family programs, and (10) Better referral services.

Staff noted that a new information system needs to be created for the Jefferson Drug Court. Staff complete court sheets for clients at the end of each week, and there are also client charts at the courthouse. Court sheets and client charts are often not duplicated at both the Drug Court and the Drug Court office, and therefore insufficient records are kept about Drug Court clients. It was also recommended that a court clerk with the responsibility of handling all of the court sheets, client charts and case files be hired. Staff members noted that clients do not always complete their program requirements, such as obtaining a GED, and that these requirements need to be monitored.

Parts of the Drug Court program that are particularly difficult for some of the staff include: (1) Clients need to be case managed, (2) Poor supervision and management, (3) Systems that do not work, (4) Problems with urine drop facility procedures, (5) Managers not equipped to run a proper Drug Court facility, (6) Lack of organization, (7) Too many clients for the staff to be effective, (8) Treating drug dealers who are not substance abusers alone with abusers and addicts, (9) Not properly assessing clients, (10) Clients not being shown appreciation by administration, (11) Not offering specialized services for specialized needs, and (12) No documentation on clients for following clients throughout program. Staff also noted that there is a lack of interest and leadership by the program director and administration and that the County Attorney's Office and the Health Department, which oversee the Jefferson County Drug Court Program, have neglected the program. The staff members reported that they are not very satisfied with their current jobs.

Many of the staff work hours other than normal work hours. Most of the staff reported that they work until late evening for group meetings, counseling sessions, or to cover for other counselors unable to attend their sessions.

In an average week, staff spend the majority of their time in doing administrative duties, in-person contact with their clients, and working with other program staff. The following table lists the percentages of time spent on each activity.

Table 15. Staff Duties

	Average Amount of Time spent
In-Person contact with clients	29%
In Phone Contact with Clients	5%
In Travel to see clients	Less than 1%
Working with other program staff	14%
Doing collaborative work with other community services	7%
Administrative duties	36%
Assessing new clients	4%
Other activities	4%

Staff members felt that there is inadequate training and/or continuing education and opportunities for working with the Drug Court program. Things that staff would like to see different in training or continuing education opportunities for working with the Drug Court program are: participation in more training on a regular basis, attending more workshops, receiving a better outline of duties, and more clinical supervision.

Other comments about the Drug Court program from staff members included: (1) “The program is wonderful for clients, but the staff needs a lot more support and guidance to do their jobs,” (2) “Staff do not feel they are an important part of the Drug Court program,” (3) “A better system is needed,” (4) “The clientele is wonderful to work with, but it is hard to perform duties when there is inadequate management personnel,” and, (5) “It is necessary to explain the rules very clearly up front so that clients will try to meet them. If the rules are not clearly understood, misunderstandings will happen.”

Client Perceptions

Twenty-eight clients completed surveys about the Jefferson County Drug Court Program. An interviewer attended several different group sessions in which each attending client filled out surveys. Twenty-five clients were male, and three were female. Eighteen clients were African-American, nine were white, and one was Native American.

Clients ranged in age from 22 to 49, with an average age of 37. Nine clients were in Phase I, six clients were in Phase II, and twelve clients were in Phase III. Clients had been in the Drug Court program between two weeks and thirty-two months.

When asked about the main substance or problem that led to their involvement in the Drug Court program, alcohol and cocaine were most frequently listed. Crack cocaine, marijuana, and prescription pain pills were other substances listed. Trafficking in illegal drugs was another reason listed for involvement in the Drug Court program. Sixty percent of the clients surveyed listed their substance abuse as heavy; twenty-one percent defined their use as moderate, and nineteen percent defined their substance abuse as light. Fifty-seven percent of the clients surveyed had attended Alcoholics Anonymous or Narcotics Anonymous meetings prior to entering the Drug Court program. Forty-three percent of clients surveyed had never been in drug treatment before entering the Jefferson Drug Court.

Clients rated the usefulness of the various parts of the Drug Court program. Nearly half of the clients had never received family counseling, mentoring, community service, or health referrals. The clients rated the court sessions and the journaling requirement as greatly useful. Clients rated individual counseling, group counseling, family counseling, drug treatment, drug education, Individual Program Plans, reviews of progress, meetings with the Judge, drug testing, the good deed requirement, the employment requirement, the fee payment requirement, mentoring, community service, health referrals, sanctions and rewards as “okay.” Clients felt that the book reports and physical exercise components were poor.

Clients stated that their caseworkers were often easy to talk to, warm and caring, honest and sincere, understanding, dependable, well-organized, persuasive, supportive, helpful, and knowledgeable. Clients rated the following aspects of the program as “okay”: location of the program, comfort of the meeting areas, friendliness of the program staff, meeting times for counseling sessions, helpfulness of individual counseling sessions, helpfulness of group counseling sessions, similarity to other clients, helpfulness of other clients in counseling groups, helpfulness of counseling for drug use, helpfulness of counseling for other problems, progress in making changes in life, satisfaction with the amount of substance abuse treatment received, and overall satisfaction with the Drug Court program.

Several of the clients surveyed believed that the counseling they received from the program was one of the best things about the Drug Court program. Many clients also believed that the following were the important components of the program:

- Group meeting with other drug users
- The amount of time the program requires
- Program structure
- Program location
- Straight- forward honest approach
- Responsibility and accountability for their problem

Clients were surveyed about what aspects of the program should be changed. Their responses included: the location of the drop sites; program fees should be deleted; the judges, counselors, and staff could be more considerate and understanding; include more rewards; including better referrals; adding a family program component; reduce the group sizes; and have more flexibility with the for employment.

Aspects of the Drug Court program that clients thought had been particularly difficult were paying the fees, traveling distance to drop and meeting locations, and the restrictions imposed by the Drug Court program.

Jail Perceptions

One jail representative was surveyed. According to the respondent, the most compelling reason for having a Drug Court program in the community is that, due to the vast amount of people charged with using, receiving, or selling illegal drugs, it is important to have a court that is specifically designed to address this community issue. The Drug Court also makes it possible to follow the individual throughout the treatment phase instead of making it a one-time sentence event. The only barrier to having a Drug Court program in the community mentioned by the respondent is the issue of time and personnel.

No correctional staff is solely dedicated to the Drug Court. However, the department has court officers who escort inmates to Drug Court who are serving jail time. The Drug Court has not had any impact on officer/staff orientation or training programs, arrest/jail policies and procedures or the jail's relationship with community groups.

According to the respondent, the recidivism rate of the particular individuals who have been in the Drug Court compared to individuals who do not go to Drug Court would be important in evaluating the effectiveness of Drug Court.

The Drug Court program has impacted the jail only by making sure that the court order has been followed if the inmate is to be incarcerated.

The jail representative was surveyed about a variety of savings that may occur with interaction with the Drug Court program. The respondent agreed that the Drug Court provided savings in jury costs and reduced the number of re-arrests. The respondent from the jail did not believe that less time was spent in court appearance. The respondent also did not believe that the Drug Court provided savings in police/corrections overtime. The jail has not incurred any additional costs nor realized any savings as a result of the Drug Court, according to the respondent.

The jail respondent indicated that there have been no difficulties or problems reported from the jail as a result of the Drug Court program.

The most significant benefits the jail has received as a result of the Drug Court program were lower recidivism and mandated treatment for persons associated with Drug Court. Strengths of the Drug Court program were listed as mandated treatment and an option of incarceration for non-compliance.

Police Perceptions

One representative from the police department completed a survey concerning the Jefferson County Drug Court Program. The representative listed the ability to reduce crime and make communities safer by addressing and reducing the drug demand as compelling reasons for implementing a Drug Court program in the community. The biggest problem or barrier with having a Drug Court program in the community is the perception that people in the program are just trying to avoid jail. The police respondent believes, however, that completing the Drug Court program is much more difficult than jail.

Drug Court has had some impact of the law enforcement agency, according to the respondent. Drug Court information was distributed to all employees, and new recruits receive some training in the program. There is no law enforcement staff solely dedicated to the Drug Court. However, the police representative acts as a police liaison with the Drug Court program and sits on the executive committee and pre-graduation interviews. The Drug Court has not had any impact on arrest or jail policies or the police's relationship with community groups.

Evaluating the effectiveness of the Drug Court program is very important in determining how beneficial the program is to the community. The police respondent believes the recidivism rate of graduates and rate of referrals to the program are important in evaluating the effectiveness of the program.

The Drug Court program has been found to impact law enforcement agencies in a variety of ways. The police respondent believed that the Drug Court provides law enforcement with an additional tool to enforce a no tolerance policy. The police respondent also agrees that the Drug Court has affected the law enforcement agency in such ways as (1) Encouraging greater coordination with other justice agencies; (2) Promoting new relationships with the justice system and other agencies in the community; (3) Reducing the number of substance abusing detainees, thus resulting in more jail space for sentenced defendants, and (4) Increasing education and awareness of officers about substance abuse and its impacts on clients. The respondent also believes there is a reduced number of re-arrests as a result of the Drug Court. The police respondent does not believe, however, that less time is spent in court appearances or there are savings in police/corrections overtime.

The only problem the police representative has had as a result of the Drug Court program was finding the time to stay involved.

The police have received several benefits as a result of the Drug Court program such as: (1) More input into the program, (2) Reduced crime rate, and (3) Better understanding of substance abuse. The Drug Court strengthens the community by holding people accountable for their actions, helping keep families together, and solving community problems.

Although the law enforcement agency has received benefits as a result of the Drug Court program, it offers suggestions for improvements to the program. The police believe being able to handle a larger caseload with more clients would help the program. They also believe more coordination with the police and community and more computerization of records would be beneficial to the program. The police offered some advice to other jurisdictions beginning a Drug Court program. They recommended coordinating very closely with law enforcement and strictly enforcing the rules.

Probation and Parole Perceptions

Two members from the probation and parole division completed surveys concerning the Jefferson County Drug Court Program. Both respondents felt that Drug Court is a tool used to address the underlying causes of offenders' criminal behavior and their addiction and can be used as an alternative to incarceration for clients with addictions.

Problems with having a Drug Court program in the community, according to the respondents, were lack of knowledge and understanding of the program by other members of the judicial process, and the misunderstanding that Drug Court is lenient toward clients.

According to the respondents, there are three law enforcement/correctional staff members that are solely dedicated to the Drug Court. The probation and parole division has had some training in relapse prevention. The Drug Court program has also impacted policies and procedures of probation and parole. Normally, if a probation client has numerous violations or dirty urine screens, the officer will ask for probation to be revoked. In the Drug Court program, relapse is allowed and probation is not revoked after a dirty urine screen. Probation and parole representatives noted that the Drug Court program had not had an impact on the agency's relationship with community groups.

The respondents believed the number of graduates, their time sober, the number of drug-free babies born in the program, and the comparison of Drug Court clients and new probationers would be important in evaluating the effectiveness of the program.

The respondents agreed on a few aspects of the Drug Court program. Neither respondent believed the Drug Court encouraged greater coordination with other justice agencies, provided law enforcement with an additional tool to enforce a no tolerance policy, or know of any savings their agency has incurred due to the program.

The probation and parole division has received several benefits as a result of the Drug Court program such as: (1) Offenders in Drug Court are drug tested more frequently, (2) Offenders in Drug Court are required by the court to attend counseling, (3) Offenders have much more contact with the judge in Drug Court, (4) The division has learned about relapse being part of the addiction, (5) Seeing clients with serious drug addictions turn their lives around, and (6) Drug Court is more cost effective than prison or residential treatment.

The probation and parole division respondents also listed several strengths of the Drug Court program. The respondents believe the judges trust the Drug Court to help offenders deal with their drug problem effectively. They also mentioned that it is frequently used as a plea bargain compared to incarceration; it includes intensive outpatient treatment, supervision by probation and parole, cost savings, and it has had successful results and statistics.

Representatives offered some suggestions for improvement of the Drug Court program. They suggest to hire more counselors who understand the guidelines of probation and parole, become more selective on whom they allow in the program, improve its organization, and increase community and judicial awareness. The respondents also offered advice to counterpart agencies in other jurisdictions beginning Drug Court program. They suggested having frequent meetings between judges, treatment staff, and probation and parole. They also suggested defining roles, respecting other areas in the program, organizing a solid treatment staff, and making the community aware of the problem.

An additional comment made by the probation and parole staff was “The Drug Court program needs to be implemented in as many judicial districts as possible, because this program works.”

Prosecution Perceptions

Two prosecution representatives completed surveys. One of the respondents believed the most compelling reason for implementing a Drug Court program in the community was that an addiction is best handled in the criminal justice system with a goal of rehabilitation through treatment. Incarceration is best used as a threat for those who do not comply with treatment. Most often when incarceration is used as a means of punishment, the results are a return to drug use. The other respondent felt the most compelling reason for implementing a Drug Court program in the community was the Drug Court provides a structured, yet strict environment to help the defendant with his or her problem.

Respondents listed the biggest problem with implementing a Drug Court program in the community was making the right people aware of the Drug Court's existence so that it can be used as a form of criminal diversion in appropriate cases. Another problem listed was the acceptance of treatment methods.

Respondents stated that there are no staff members solely dedicated to Drug Court. However, the Narcotics Division has a Drug Court liaison who sits on the Jefferson Drug Court Executive Committee.

One respondent stated there has been no impact on attorney/staff orientation or training programs. However, the other respondent stated that prosecutors are advised of the referral system through the Drug Court program. Also, those who use the referral system often are in positions of suggesting its use as an alternative sentence to Defense Attorneys and Police Officers. Both respondents felt that Drug Court has had an impact on their policies and procedures. Respondents listed the impacts that the Drug Court program had on coordination with the Commonwealth's Attorney because the referral procedure has been developed and by making it easier to resolve felony possession cases short of the defendant's incarceration. Neither respondent felt that the Drug Court program had any impact on their agency's relationship with community groups.

Important factors in evaluating the effectiveness of the Drug Court program included: a reduced recidivism rate, reemployment of clients in the community, long term results, the percentage of clients who successfully complete the program, the percentage of clients who successfully complete probation, and the number of drug-free babies born as a result of Drug Court.

Impacts on the prosecution office and community by the Drug Court program have included decreasing the number of defendants who are incarcerated for possession conviction, lowering the number of motions prosecutors must make to revoke a Defendant's probation, providing a more effective response to substance abusers, providing law enforcement with an additional tool to enforce a no tolerance policy, encouraging and promoting relationships with other justice agencies, and increasing education and awareness of attorneys about substance abuse and its impacts on clients. Respondents also felt that Drug Court encourages criminal justice attention to alternative type sentences.

Respondents agree that time has been saved in terms of case preparation, that the Drug Court provides savings in jury costs, that less time has been spent in court appearances, that Drug Court provides savings in police overtime, and that Drug Court has reduced the number of re-arrests. One respondent stated that the prosecutor's office realized savings as a result of Drug Court because fewer possessions cases need to be tried and fewer court appearances on motions to revoke. However, the other respondent stated that the office did not realize any savings as a result of Drug Court, because the number of Drug Court referrals does not make a significant difference in savings due to the large caseload of prosecutors. One respondent stated that the prosecuting office is the administrative and fiscal agent for Drug Court, and it incurs expenses related to this function.

Both respondents felt that a problem their agency has had as a result of the Drug Court program was the defendants use the Drug Court program in hope of receiving a light sentence even without successfully completing the program. An agreement with the Commonwealth's Attorney has helped overcome this problem. Only defendants who have been convicted by plea or verdict are referred to the Drug Court program.

Benefits that the prosecuting offices have received as a result of the Jefferson County Drug Court Program include: (1) Fewer trials on possession charges, (2) Fewer motions to revoke probation, (3) Another option in diversion, (4) Reduction of recidivism, (5) Less time spent on the same offenders, and (6) Alternative sentence availability for probation.

Strengths of the Jefferson County Drug Court Program listed by prosecutors included: (1) Drug Court benefits the community, (2) Reduces prison sentences, (3) Promotes improved options for offenders, (4) Drug Court is structured for those that need it, (5) Drug Court is strict and not for those expecting to "slide by," and (6) Failure to comply will result in jail time.

Ideas for improvements included: (1) More funding would allow for more staff, (2) An increase enrollment in program, (3) Expand the program to more than one Judge, and (4) Getting defendants' family members more involved.

Prosecution representatives gave advice to counterpart agencies in other jurisdictions beginning Drug Court programs: “Stick with it. It will eventually show positive results!” The other respondent advised to visit other agencies and learn from their success.

A final comment from one of the prosecutors stated, “Overall, it has been an excellent experience for me as a prosecutor.”

Recommendations and Suggested Improvements

Several recommendations based on survey responses as well as general program issues were identified for the Jefferson County Drug Court Program, including:

1. Management Issues. Respondents reported that more communication between staff and management is needed; program organization and structure is needed, and the program needs to be more accountable for successes and failures. Respondents suggested that computerizing the client records and tracking clients better would help the program both in organization and structure as well as in accountability.
2. Program Rules. Respondents reported they believe the program rules are inconsistent and change constantly with no forewarning. This is difficult for both the staff and the clients. Staff suggested that by selecting a program model or plan and committing to it, staff could perform their jobs better and clients would be more successful. Staff also suggested that monitoring program requirements and ensuring that clients complete each of the program requirements before graduation would make the program more consistent.
3. Job Satisfaction and Staff Morale. Staff members reported that they are not very satisfied with their current jobs. In general, staff reported they do not feel appreciated or respected, and that they have limited training opportunities. Staff indicated a desire to have more training or continuing education opportunities for working with the Drug Court program, and to receive training on a regular basis, attend more workshops, receive a better outline of duties, and more clinical supervision. In addition, staff indicated they did not feel they fully understood the job expectations and needed more clinical supervision.
4. Treatment. Staff reported they do not feel they are serving their clients under the best possible circumstances. They do not feel as if they spend adequate time with the clients. In addition, they do not feel clients are receiving case management. In general, staff felt overwhelmed with the amount of work, which they believe takes away from client care. Staff felt that a reduction in caseloads would benefit the clients as well as the counselors. Counselors would have more time to spend with each client and case notes would be completed on time.

Respondents also suggested that increasing client support, increasing client referrals, including the clients' families more in the program, and meeting the specific needs of clients are all areas in need of improvements. Limiting group sizes, and having individualized treatment plans would also contribute to the overall success of the program. Respondents also indicated that the program administration needs to appreciate clients more.

5. System Issues. Respondents suggested improvements in the referral and assessment stages of the program. For example, having referrals to Drug Court earlier in the process, i.e., at arraignment, would be an important change for the program. Also, respondents indicated that assessments are not extensive enough and that accepting clients who need specialized services the program cannot offer is detrimental to the program. Respondents indicated the program should not accept clients with mental disorders because the program does not have a place to refer these people for services. It was also noted that there should be an orientation procedure for new clients.

Staff noted that a new information system must be created for the Jefferson Drug Court. Staff complete court sheets for clients at the end of each week and there are also client charts at the courthouse. Court sheets and client charts are often not duplicated at both the Drug Court and the Drug Court office; therefore, insufficient records are kept about Drug Court clients. It was also recommended that a court clerk with the responsibility of handling all of the court sheets, client charts and case files be hired. Staff also reported problems with urine drop facility procedures.

6. Added services. Respondents suggested that a family component of the program would greatly benefit clients and their families. Also, including the client-mentoring component in Phase I or earlier in Phase II would be beneficial to clients.
7. Expand the program client base. Respondents indicated they would like to see the program expand to serve more clients. Serving more clients could be done by increasing staff, expanding to more than one Judge, expanding space, and improving the judicial awareness of the program for referrals.
8. Community. Respondents indicated that increased community awareness and improved coordination with the police and other community agencies would be highly beneficial to the program.

Conclusions

In summary, the Jefferson County Drug Court Program was established nearly seven years ago. This program is based on the *Key Components* and has three program phases, which take an average client approximately 18 months from which to graduate. As of December 1999, there were 160 active clients. Of the clients who entered the Jefferson County Drug Court Program between 1994 and 1998, 154 graduated from the program. In addition, both the Drug Court Judge and the Drug Court program have received awards and the Drug Court Judge has been a Drug Court trainer on state and national levels.

The most compelling aspects of the Drug Court program are the immediate sanctions that clients are given when the program rules are violated. This aspect serves both as a motivator as well as promoting consequences for behavior. Another compelling aspect of the Drug Court program is the judicial involvement. This aspect of the program is particularly important for several reasons. One reason is that it separates the punishment process from the support that the Drug Court staff give the clients. A second reason is that the relationship between the client develops with the Judge can become a motivating force on its own. Clients seem to care about whether the Judge is proud of them or disappointed in them. The final most compelling aspect of the Drug Court program is the support network that develops for the clients, not only from the staff but from other clients as well. Clients become almost accountable to the group in that successes are shared and celebrated together and failures are also shared with each other. Further, when clients share the successes and failures of others it becomes a learning tool for them as well.

Strengths of the Jefferson County Drug Court Program mentioned by respondents included: (1) The emphasis of the program on drug abuse treatment, (2) The continuous court monitoring of participants, (3) The vocational training for clients, (4) The money that Drug Court saves the state and community in criminal justice expenditures, (5) The community coordination and problems solving the Drug Court program employs, and (6) The Drug Court program helps keep families together.

Several recommendations based on the responses from individuals surveyed were generated and include: improved communication between management and staff is needed, more stable program rules are needed, an increase in staff job satisfaction and morale are needed, changes in client treatment programming are needed, changes in the Drug Court operating system are needed, additional services for clients are needed, expansion of the program's client base is needed, and increased community awareness of the Drug Court program is needed.

The Jefferson County Drug Court Program has undergone a number of administrative changes since its inception. Originally the Jefferson County Drug Court was administered by the Louisville/Jefferson County Health Department. Since 1996 however, the Jefferson County Attorney's Office has been charged with the administrative responsibilities of overseeing the Jefferson County Drug Court Program. In January 1999, Irv Maze was elected to the Office of Jefferson County Attorney (JCAO), formerly held by Mike Conliffe. Jefferson County Attorney Irv Maze moved the complete operations of the Jefferson Drug Program from West Madison to its current location in the Legal Arts Building in June 1999. Furthermore, in response to the first draft of this report, which was released in April, 2000, a number of other changes have been implemented in the Jefferson County Drug Court Program.

Advice to new Drug Court programs from respondents include: (1) All the key players need to be dedicated to the program, (2) Understand that 100% of the clients will not succeed, (3) Develop a philosophy of operation that is consistent with the *Key Components*, the needs of the community, and the key players on the team, (4) Develop a strong relationship between the court and the treatment professionals, (5) Strictly and consistently enforce rules, (6) Ensure community awareness of the Drug Court program concept, and (7) Learn from other established Drug Court programs.

In summary, the Jefferson County Drug Court Program was established nearly seven years ago. This program is based on the *Key Components* and has three program phases that take clients approximately 18 months to complete. As of December 1999, there were 160 active clients and 166 graduates. The most compelling aspect of the Drug Court program is the interaction of the judicial community and the treatment community. This aspect is highlighted by the immediate sanctions that are used when program rules are violated. The sanctions serve both as a motivator as well as promoting consequences for behavior. The Judge truly believes in the program and believes that the program is an opportunity to make a difference in the community.

In conclusion, the Jefferson County Drug Court Program was one of the first in the nation, has an enthusiastic, dedicated, and nationally renowned Judge, and has been serving clients for nearly seven years. The program also has great support from community leaders. With the implementation of the recommendations, this program should continue to grow and make a real difference in the lives of its clients. Further, since the release of this report draft, a number of critical and suggested changes have been made to the Jefferson County Drug Court Program under the current administration of Jefferson County Attorney Irv Maze.

Addendum to Draft Report

The Jefferson County Drug Court has been undergoing some drastic changes for several years. Further, in response to the first draft of the Jefferson County Drug Court process evaluation in April 2000, a number of additional changes were made to the program.

Personnel. In September 1996, a Program Manager was employed to supervise the Jefferson County Drug Court Program. In April 1999, an Administrative Coordinator position was created to assist in the supervision and oversight of the program. In addition, the Program Manager's position was changed to a Treatment Coordinator position. These positions were changed in order to provide a clearer delineation of responsibilities and provide for better client management and treatment services.

In June 2000, staff positions were realigned to further concentrate administrative efforts. The Administrative Coordinator's position was eliminated; the Treatment Coordinator transitioned into a Drug Court Liaison position to further focus on judicial issues; a Staff Counselor was promoted to the Treatment Coordinator position; and the primary administrative and treatment functions were charged to a newly appointed Jefferson County Attorney's Office (JCAO) Drug Court Program Director. Other staff positions (from clerks to counselors) have been filled and expanded on an as-needed basis.

Efforts have also been made toward reestablishing an Advisory Council to provide the Jefferson County Attorney with recommendations in administrative and operational facets of the program. Further, the council will provide recommendations concerning treatment, judicial review, financial opportunities, etc. in a similar fashion.

Policies & Procedures. The JCAO Drug Court Director has recently instituted a number of initiatives including: (1) Regular meetings with staff, court personnel, drug court/community-minded individuals are being held; (2) Specific job descriptions were developed; (3) Continued and improved hiring practices have been undertaken including orientation and training opportunities; (4) A system was developed to accurately provide court reports in a timely fashion; (5) Participant handbooks, policy and procedures manuals were developed; (6) The intake process, including screening, evaluations, etc., was instituted; (7) Treatment Plans, Clinical Case Reviews, various assessment criteria were established; (8) Program structure, focus and philosophies were redesigned in the juvenile programs; (9) Program-specific enhancements (i.e. 2nd Chance, Urine Screenings, etc.) were defined.

Efforts to further provide efficient, judicious and programmatic, goal-oriented outcomes in the Jefferson County Drug Court Program are being employed on a regular basis.

Process Evaluation Methodology

The Jefferson County Adult Drug Court Program process evaluation used structured interviews for each of the different agency perspectives and a specific methodological protocol. The methodology protocol and interview procedures were used in a number of process evaluations across the state of Kentucky. This allows for comparisons of similarities and differences among the specific Drug Court program sites if desired.

The Jefferson County Adult Drug Court Program process evaluation included several interviews lasting a total of eight hours with the program administrator, and a one-hour interview with Judge Weber, the Drug Court Judge. Surveys of Drug Court clients, Drug Court staff, defense council, prosecutors, probation and parole representatives, jail personnel, police department representatives, and treatment program representatives were also conducted. In all, 51 different individuals representing 10 agency perspectives provided information about the Jefferson County Adult Drug Court Program. The data for this report is from July 1993 to December 1999. There was a 93% response rate across all respondents. (See Table 16.)

Table 16. Process Evaluation Methodology

Interviews/Surveys	Number	Response Rates
Administrator	1	100%
Drug Court staff	8	100%
Judge	1	100%
Defense Council	3	100%
Prosecutors	2	100%
Probation & Parole	2	100%
Jail	1	100%
Police	1	100%
Treatment Programs	4	25%
Active Clients	28	100%
Total	51	93%

The limitations for this process evaluation report include generalizations across time and among programs. This report is specifically for the period between program inception in July of 1993 to December 1999. Changes that occur after this point in time are not reflected in this report. In addition, the representatives surveyed for this report may or may not reflect all the attitudes toward the Jefferson County Adult Drug Court Program. Regardless, the report is critical for documenting the program through the stated time period.